

P96000023077  
TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: AEGIS INSURANCE SERVICES INC  
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate

☐ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

Additional Copy Required

FROM: Paul Sams  
Name (printed or typed)

1500 Broadway PO Box 6021 WpB FL 33405

Address

City, State & Zip

Daytime Telephone number

FILED  
96 MAR 11 PM 2:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

200001739362  
-03/12/96--01082--013  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

NOTE: Please provide the original and one copy of the articles.

**ARTICLES OF INCORPORATION**

**FILED**

96 MAR 11 PM 2:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.*

**ARTICLE I NAME**

The name of the corporation shall be:

AEGIS INSURANCE SERVICES INC

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:

1500 Broadway  
PO Box 6021  
WPB FL 33405

**ARTICLE III SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

125,000 000 Shares- No Par

The Corporation Elects To have preemptive rights

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

Paul Sams

1500 Broadway  
PO Box 6021  
WPB FL 33405

**ARTICLE V INCORPORATOR(S)**

**See instructions for officers/directors**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

President, Paul Sams  
1500 Broadway  
PO Box 6021  
WPB 33405

Chief Executive Officer

Noel Samms  
1500 Broadway  
PO Box 6021  
WPB 33405

Vice President

Noel Samms  
1500 Broadway  
PO Box 6021  
WPB 33405

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

7 day of 3, 19 96.



Signature

Signature

Signature

**NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.**

*Leta M meeks - 3-7-96*



CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE

FILED

96 MAR 11 PM 2:03

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE  
UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF  
FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED  
OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: AEGIS INSURANCE SERVICES INC
2. The name and address of the registered agent and office is:

Paul Sams  
(NAME)

1500 Broadway PO Box 6021 WPB 33405  
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

(CITY/STATE/ZIP)

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
(SIGNATURE)

March 7/96  
(DATE)