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**TRANSMITTAL LETTER**

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

RECEIVED  
MAY 20 1996  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

SUBJECT: Strickland Insurance Brokers - Florida, Inc.  
(Proposed corporate name - must include suffix)

80000013313303  
-05/21/96--01035--000  
\*\*\*\*122.50 \*\*\*\*122.50

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: Julia Turner Neal  
Name (printed or typed)  
1107 Parkway Drive  
Address  
Goldsboro, NC 27534  
City, State & Zip  
919 761-1520  
Daytime Telephone number

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

## ARTICLES OF INCORPORATION

*The undersigned incorporator, for the purposes of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.*

### ARTICLE I NAME

The name of the corporation shall be: **Strickland Insurance Brokers - Florida, Inc.**

### ARTICLE II PRINCIPAL OFFICE

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

Strickland Insurance Brokers - Florida, Inc.  
c/o William Schuelke  
3355 Claire Lane #1610  
Jacksonville, FL 32223

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is : One Million (1,000,000) shares.

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is: William Schuelke  
3355 Claire Lane #1610  
Jacksonville, FL 32223

### ARTICLE V INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

Julia Turner Neal  
1107 Parkway Drive  
Goldsboro, NC 27533

The undersigned incorporator has executed these Articles of Incorporation this 13<sup>th</sup> day of May, 1996.

  
Vice President, Strickland Insurance Group, Inc.

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 697.0501, 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: Strickland Insurance Brokers - Florida, Inc

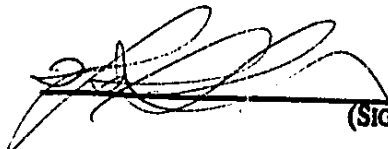
2. The name and address of the registered agent and office is:

William Schuelke  
(NAME)

3355 Claire Lane, #1610  
(P.O. Box or Mail Drop Box ☒ ACCEPTABLE)

Jacksonville, Florida 32223  
(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)

4-23-98  
(DATE)