P96000050293

(SAMPLE LETTER OF TRANSMITTAL)

Date June 4, 1996

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

500001858395
-06/12/96--01011--012
*****70.00 *****70.00

Re: Don Jacobs and Associates Insurance, Inc.
(name of corporation)

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of ~~$122.50~~ 70.00.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours,

Don A Jacobs
(individual's name)

Don Jacobs and Associates Insurance, Inc.
(name of corporation)

MAILING ADDRESS OF CORPORATION

930 Woodcock Rd. Suite #230

Orlando, FL 32803

PHONE

(407) 896-0902
Area Code Number Ext.

96 JUN 10 PM 1:11
SECRETARY OF STATE
TALLAHASSEE FLORIDA
FILED

Seminole Form 215: Trans. Letter (9-92)

GB 6/12/96

ARTICLES OF INCORPORATION

of

Don Jacobs and Associates Insurance, Inc.
(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation is:

Don Jacobs and Associates Insurance, Inc.

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ORDER FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue Five Thousand shares (5000) of One Dollar(s) ($ 1.00) par value Common Stock, which shall be designated "Common Shares."

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:

NAME Don G. Jacobs
ADDRESS 930 Woodcock Rd. Suite #230
CITY Orlando, FLORIDA Florida ZIP 32803

The principal office, if known, or the mailing adress of the corporation is:

NAME Don Jacobs and Associates Insurance, Inc.
ADDRESS 930 Woodcock Rd. Suite #230
CITY Orlando, FLORIDA Florida ZIP 32803

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have Two (2) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME Don Jacobs
ADDRESS 2026 Kimbrace Place
CITY Winter Park, STATE Florida ZIP 32792
NAME Barbara J. Jacobs
ADDRESS 2026 Kimbrace Place
CITY Winter Park, STATE Florida ZIP 32792
NAME
ADDRESS
CITY STATE ZIP

ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	Don G. Jacobs		
ADDRESS	930 Woodcock Rd. Suite #230		
CITY	Orlando,	STATE Florida	ZIP 32803
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 6th day of June, 1996.

Don G. Jacobs (Seal)

(Seal)

(Seal)

BRAD HARRIS
Notary Public, State of Florida
My comm. expires Feb. 25, 2000
Comm. No. CC 524480

CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT

OF

Don Jacobs and Associates Insurance, Inc.
(name of corporation)

FILED
96 JUN 10 PM 4:11
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted: The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at ~~930 Woodcock Rd. Suite #230~~

~~Orlando, Fl 32803~~

has named Don G. Jacobs

located at the aforesaid address, as its Registered Agent to accept service of process within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

(registered agent)