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CORPORATION NAME(S) & DOCUMENT NUMBER(S) (If known):

1 Atlantic Insurance Alliance, Inc.

(Corporation Name)

(Document #)

2

(Corporation Name)

(Document #)

3

(Corporation Name)

(Document #)

4

(Corporation Name)

(Document #)

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☐ Certificate of FICTITIOUS NAME

☐ FICTITIOUS NAME SEARCH

☐ CORP SEARCH

| NEW FILINGS                         |                   |
|-------------------------------------|-------------------|
| <input checked="" type="checkbox"/> | Profit            |
| <input type="checkbox"/>            | NonProfit         |
| <input type="checkbox"/>            | Limited Liability |
| <input type="checkbox"/>            | Domestication     |
| <input type="checkbox"/>            | Other             |

| AMENDMENTS               |                                       |
|--------------------------|---------------------------------------|
| <input type="checkbox"/> | Amendment                             |
| <input type="checkbox"/> | Resignation of R. A. Officer/Director |
| <input type="checkbox"/> | Change of Registered Agent            |
| <input type="checkbox"/> | Dissolution/Withdrawal                |
| <input type="checkbox"/> | Merger                                |

| OTHER FILINGS            |                  |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report    |
| <input type="checkbox"/> | Fictitious Name  |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/QUALIFICATION |                     |
|----------------------------|---------------------|
| <input type="checkbox"/>   | Foreign             |
| <input type="checkbox"/>   | Limited Partnership |
| <input type="checkbox"/>   | Reinstatement       |
| <input type="checkbox"/>   | Trademark           |
| <input type="checkbox"/>   | Other               |

RECEIVED  
JUL 24 1996  
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Examiner's Initials

ARTICLES OF INCORPORATION  
OF  
ATLANTIC INSURANCE ALLIANCE, INC.  
A Florida Corporation

FILED  
96 JUL 24 PM 12:08  
TALLAHASSEE, FLORIDA

ARTICLE 1

NAME

The name of this corporation is: Atlantic Insurance Alliance, Inc.

ARTICLE 2

DURATION

The duration of this corporation is perpetual. The date and time of commencement of the corporate existence is the time of filing of the articles of incorporation by the Department of State of the State of Florida.

ARTICLE 3

GENERAL PURPOSES

The general purposes for which this corporation is initially organized are to engage in any or all lawful business for which corporations may be incorporated under Florida law.

ARTICLE 4

SHARES

The aggregate number of shares which the corporation shall have authority to issue is 1,000 shares of common voting stock having a par value of \$1.00 per share.

#### ARTICLE 5

##### PRINCIPAL OFFICE AND REGISTERED AGENT

The street address of the principal office of the corporation is 400 Canal Street, New Smyrna Beach, FL 32168. The name and address of the initial registered agent of the corporation is Anne M. Edwards, 3967 S. Chinook Lane, Ormond Beach, FL 32174.

#### ARTICLE 6

##### DIRECTORS

The number of directors constituting the initial board of directors is one and the name and address of each person who is to serve as a member thereof are as follows:

Anne M. Edwards  
3967 S. Chinook Lane  
Ormond Beach, FL 32174

The number of directors may be changed from time to time by the bylaws.

#### ARTICLE 7

##### INCORPORATOR

The name and address of the incorporator and subscriber to 1,000 shares of the common voting stock of this corporation is as follows:

Anne M. Edwards  
3967 S. Chinook Lane  
Ormond Beach, FL 32174

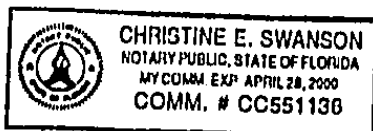
IN WITNESS WHEREOF, the undersigned Incorporator does hereby execute and  
acknowledge these articles this 23<sup>rd</sup> day of July, 1996.

*Anne M. Edwards*  
Anne M. Edwards

STATE OF FLORIDA  
COUNTY OF VOLUSIA

The foregoing instrument was acknowledged before me this 23<sup>rd</sup> day of July, 1996,  
by ANNE M. EDWARDS, who is personally known to me or has produced  
\_\_\_\_\_ as identification.

NOTARY PUBLIC:



Sign: *Christine E. Swanson*  
Print: CHRISTINE E. SWANSON  
State of Florida At Large  
(Seal)

My Commission Expires:

Title/Rank: \_\_\_\_\_  
Commission Number: \_\_\_\_\_

CERTIFICATE DESIGNATING REGISTERED  
AGENT AND STREET ADDRESS FOR  
SERVICE OF PROCESS

Pursuant to Section 48.091, Florida Statutes, Atlantic Insurance Alliance, Inc. hereby designates Palmetto Charter Services, Inc. and 150 Magnolia Avenue, (P. O. Box 2491), Daytona Beach, Florida 32115-2491, as its registered agent and the street address of its registered office, respectively, for service of process within the State of Florida.

Atlantic Insurance Alliance, Inc.

By: 

Incorporator

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TALLAHASSEE, FLORIDA

ACCEPTANCE OF DESIGNATION

I hereby accept the foregoing designation as registered agent of Atlantic Insurance Alliance, Inc. for service of process within the State of Florida.

PALMETTO CHARTER SERVICES, INC.

By: 

Larry D. Marsh,  
Vice President