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TRANSMITTAL LETTER

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

100001922241
-08/14/96--01093--013
*****78.75 *****78.75

SUBJECT: Anderson & Anderson Ins. 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: Garen E Anderson
Name (printed or typed)

13140 Greenview Ct.
Address

Hudson FL 34667
City, State & Zip

813- 862-5707
Daytime Telephone number

FILED
96 AUG 14 PM 12:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

AUG 16 1996

ARTICLES OF INCORPORATION

OF

Anderson & Anderson Insurance Services,

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: Anderson & Anderson Insurance Services, Inc.

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TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

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

74114-3 State Road 52
Hudson FL 34667

ARTICLE III CAPITAL STOCK

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

100 shares

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Garen F. Anderson
13140 Greenview Ct
Hudson FL 34669

ARTICLE V INCORPORATOR(S)

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

Garen F. Anderson
Winifred N. Anderson
13140 Greenview Ct
Hudson FL 34669

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

8 day of July, 1996.

Winifred N Anderson Inc.
Signature/Title

Signature/Title

Signature/Title

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, 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: Anderson & Anderson Insurance Services, Inc.

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

Gene F. Anderson
(NAME)

13140 Greenview Ct.
(P.O. BOX NOT ACCEPTABLE)

Hudson, FL 34669
(CITY/STATE/ZIP)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: [signature]

DATE 7/8/96

REGISTERED AGENT FILING FEE: $35.00