P97000027579

TRANSMITTAL LETTER

97 MAR 24 AM 9:22

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

SUBJECT: EMPLOYEE ASSURANCE INC.
(Proposed corporate name - must include suffix)

000002121940--7
-03/24/97--01135--002
*****78.75 *****78.75

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: TONYA CHAMBERS
Name (printed or typed)

404 MEADOW LANE
Address

OLDSMAR, FL 34677
City, State & Zip

813/781-2384
Daytime Telephone number

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

UQW 3-27-97

ARTICLES OF INCORPORATION

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:

Employee Assurance Inc.

ARTICLE II PRINCIPAL OFFICE

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

404 Meadow Lane
Oldsmar, Fl 34677

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ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Tonya Chambers
404 Meadow Lane
Oldsmar, FL 34677

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):

TONYA Chambers 404 Meadow LANE OLDSMAR, FL 34677

TINA Homsy 404 Meadow LANE OLDSMAR FL 34677

TERRI KolEK 4936 Cypress Trace Dr. TAMPA, FL 33624

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

20 day of March, 19 97.

(An additional article must be added if an effective date is requested.)

Tonya Chambers
Signature

Teri Kolek
Signature

Christina L Homey
Signature

Notarization is not required

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

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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: Employee Assurance Inc

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

Tonya Chambers
(NAME)

404 Meadow Lane
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

Oldsmar, FL 34677
(CITY/STATE/ZIP)

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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.

Tonya Chambers
(SIGNATURE)

3/20/97
(DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314