

P970000068302  
TRANSMITTAL LETTER

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

800002259228--3  
-08/06/97-01052-018  
\*\*\*\*131.25 \*\*\*\*131.25

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

FILED

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00  
Filing Fee

☐ \$122.50  
Filing Fee  
& Certified Copy

☒ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

ADDITIONAL COPY REQUIRED

FROM: DAVID B. SINCLAIR  
Name (Printed or typed)

4615 GULF BLVD., SUITE 104  
Address

ST. PETE BEACH FL 33706  
City, State & Zip

(813) 469-1025  
Daytime Telephone number

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

9/8/97

## ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose 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:

AnnuityUSA, Inc.

### ARTICLE II - PRINCIPAL OFFICE

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

4615 Gulf Blvd., Suite 104  
St. Pete Beach, FL 33706

### ARTICLE III - SHARES

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

1,000

### ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent is:

David B. Sinclair  
4615 Gulf Blvd., Suite 104  
St. Pete Beach, FL 33706

### ARTICLE V - INCORPORATOR

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

David B. Sinclair  
4615 Gulf Blvd., Suite 104  
St. Pete Beach, FL 33706

David B. Sinclair

Signature/Incorporator

8/01/97

Date

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

David B. Sinclair

Signature/Registered Agent

8/01/97

Date

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TALLAHASSEE