

TRANSMITTAL LETTER

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

600002351666--3
-11/19/97--01048--007
*****70.00 *****70.00

SUBJECT: WILLIAM HOOD INSURANCE AGENCY, 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: WILLIAM HOOD
Name (printed or typed)
4450 NW 55 DRIVE
Address
COCONUT CREEK, FL 33073
City, State & Zip
(954) 725-0442 or (954) 898-0900
Daytime Telephone number

97 NOV 19 PM 12:50
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

80655-161
11/21/97
Pamela

ARTICLES OF INCORPORATION

97 NOV 19 PM 12:50
FILED
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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:

WILLIAM HOOD INSURANCE AGENCY INC.

ARTICLE II PRINCIPAL OFFICE

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

4450 NW 55 DRIVE
COCONUT CREEK, FL 3307

ARTICLE III SHARES

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

7500 SHARES OF COMMON STOCK WITH \$1.00 PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

WILLIAM S. HOOD
4450 NW 55 DRIVE
COCONUT CREEK, FL 33073

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):

WILLIAM S. HOOD
4450 NW 55 DRIVE
COCONUT CREEK, FL 33073

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

17 day of NOVEMBER, 19 97.

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


Signature

Signature

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: WILLIAM HOOD INSURANCE AGENCY INC.

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

WILLIAM S. HOOD
(NAME)

4450 NW 55 DRIVE
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

COCONUT CREEK, FL 33073
(CITY/STATE/ZIP)

FILED
97 NOV 19 PM 12:51
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)

11/17/97
(DATE)