### ALBERT L. TIDWELL

Attorney at Law

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# P97000100379 November 21, 1997

90002355789--6 -11/24/97--01130--014 \*\*\*\*122.50 \*\*\*\*122.50

Secretary of State Division of Corporations P. O. Box 6327 Tallahassee, Florida 32314

#### Gentlemen:

Enclosed please find an original and one copy of the Articles of Incorporation for Tom Putnam Insurance Inc. along with the Acceptance of appointment of the Registered Agent. Also enclosed is the required fee of One hundred twenty-two dollars and fifty cents, (\$122.50).

Kindly return to the undersigned the appropriate filed documents at the address above shown.

Thank you for your cooperation.

Very truly yours,

Albert L. Tidwell

SECRETARY OF STATE
STORE OF CORPORATIONS
OF ANN OF CORPORATIONS

RP 11-25-97

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## ARTICLES OF INCORPORATION of TOM PUTNAM INSURANCE, INC.

- 1. The corporate name for the corporation is: TOM PUTNAM INSURANCE, INC.
- 2. The street address: 10480 STRINGFELLOW RD. SUITE #5 ST. JAMES CITY, FLORIDA.
- 3. The mailing address of the corporation is: 10480 STRINGFELLOW RD. SUITE #5 ST. JAMES CITY, FLORIDA 33956.
  - 4. The number of shares the corporation is authorized to issue is 500 shares, no par value.
  - 5. There shall be no preemptive rights granted to the shareholders.
- 6. The street address of the corporation's initial registered office is: 10480 STRINGFELLOW RD. SUITE # 5 ST. JAMES CITY, FLORIDA 33956.
- 7. The name of the corporation's initial registered agent is: TOM PUTNAM 10480 STRINGFELLOW RD. SUITE #5 ST. JAMES CITY, FLORIDA 33956.
  - 8. The name and address of the incorporator is:

Tom Putnam 10480 Stringfellow Rd. Suite #5 St. James City, Florida 33956.

Tom Putnam

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### 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: TOM PUTNAM INSURANCE, INC.
- 2.) The name and address of the registered agent and office is:

TOM PUTNAM

10480 STRINGFELLOW RD. SUITE #5

ST. JAMES CITY, FLORIDA 33956

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

11/21/97

Date

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