

97 DEC -5 PM 1:02

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Department of State Division of Corporations P.O. Box 6327 EFFECTIVE DATE Tallahassee, FL 32314 KISSIMMEE INSURANCE OF ORLANDO, INC. (Proposed corporate name - must include suffix) SUBJECT: Enclosed is an original and one(1) copy of the articles of incorporation and a check for : \$131,25 \$122,50 \$78.75 \$70.00 Filing Fee Filing Fee, Filing Fee Filing Fee & Certificate & Certified Copy Certified Copy & Certificate ADDITIONAL COPY REQUIRED

FROM:

MICHAEL F. BOYER
Name (Printed or typed)

1221 N. MAIN ST.
Address

KISSIMMEE, FL. 34744
City, State & Zip

407-847-5511
Daytime Telephone number

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

FILED

ARTICLES OF INCORPORATION

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The undersigned incorporator, for the purpose of forming a corporation under the Florida CRETARY OF STATE Business Corporation Act, hereby adopts the following Articles of Incorporation.

TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

KISSIMMEE INSURANCE OF ORLANDO, INC.

EFFECTIVE DATE

ARTICLE II PRINCIPAL OFFICE

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

11301 S. ORANGE BLOSSOM TRAIL

SUITE A-204

ORLANDO, FL. 32837

ARTICLE III SHARES

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

1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

MICHAEL F. BOYER 1221 N. MAIN ST.

KISSIMMEE, FL. 34744

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

MICHAEL F. BOYER

1221 N. MAIN ST.

KISSIMMEE, FL. 34744

ARTICLE VI EFFECTIVE DATE OF INCORPORATION

01-01-98

Signature/Incorporator

12-03-87

Date

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

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/Registered Agent

12 - 03 - 97 Date