

P97000104674

TRANSMITTAL LETTER

FILED

97 DEC 12 AM 10:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**SUBJECT:** SELLERS OF TRAVEL INSURANCE SERVICES, INC.

(Proposed corporate name - must include suffix)

600002369976--6

-12/12/97--01002--012

\*\*\*\*\*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: Ross Fleetwood  
Name (Printed or typed)  
311 South Calhoun Street, Suite 201  
Address  
Tallahassee, Florida 32301-1807  
City, State & Zip  
(850) 224-7682  
Daytime Telephone number

RECEIVED  
97 DEC 11 PM 4:25  
DIVISION OF CORPORATION

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

**ARTICLES OF INCORPORATION**

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SECRETARY OF STATE

*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:

**SELLERS OF TRAVEL INSURANCE SERVICES, INC.**

**ARTICLE II PRINCIPAL OFFICE**

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

**311 SOUTH CALHOUN STREET, SUITE 201  
TALLAHASSEE, FLORIDA 32301-1807**

**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 address of the initial registered agent is:

**ROSS FLEETWOOD  
311 SOUTH CALHOUN STREET, SUITE 201  
TALLAHASSEE, FLORIDA 32301-1807**

**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):

SELLERS OF TRAVEL ASSOCIATION, INC.  
311 SOUTH CALHOUN STREET, SUITE 20  
TALLAHASSEE, FLORIDA 32301-1807

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 11th day  
of December, 1997.

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

Signature:

  
\_\_\_\_\_  
Ross Fleetwood

**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**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

SELLERS OF TRAVEL INSURANCE SERVICES, INC.

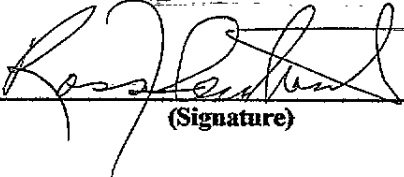
2. The name and address of the registered agent and office is:

ROSS FLEETWOOD  
(Name)

311 SOUTH CALHOUN STREET, SUITE 201  
(P. O. Box or Mail Drop Box NOT acceptable)

TALLAHASSEE, FLORIDA 32301-1807  
(City/State/Zip)

*Having been named as registered agent and to accept service of process for the above stated corporation as 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 register agent.*

  
(Signature)

12/11/97  
(Date)

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