

P97000105337

TRANSMITTAL LETTER

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

300002372033--4
-12/15/97-01062-005
****122.50 ****122.50

SUBJECT: Tri-County Life & Health Insurance, 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

☐ \$78.75

☒ \$122.50

☐ \$131.25

FROM:

Linda S. Maynard

Name (printed or typed)

8520 NW 9 Place

Address

Plantation, FL 33324

City, State & Zip

(954) 236-2790

Daytime Telephone number

97 DEC 15 PM 4:57
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

mm
12/15/97

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

ARTICLES OF INCORPORATION

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:

Tri-County Life & Health Insurance, Inc.

ARTICLE II PRINCIPAL OFFICE

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

8520 NW 9 Place
Plantation, FL 33324

ARTICLE III SHARES

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

100 Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Linda J. Maynard
8520 NW 9th Place
Plantation, FL 33324

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TALLAHASSEE, FLORIDA

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Linda J. Maynard
8520 NW 9th Place
Plantation, FL 33324

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

10th day of December, 1997.

Linda J. Maynard
Signature

Signature

Signature

Articles of Incorporation
Filing Fee - \$35

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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: Tri-County Life & Health Insurance, Inc

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

Linda J. Maynard
(Name)

8520 NW 9th Place
(P.O. Box not acceptable)

Plantation, FL 33324
(City/State/Zip)

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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.

Linda J. Maynard
(Signature)

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