P98000011996 TRANSMITTAL LETTER

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

> 200002422672-0 -02/05/98-01091-005 *****78.75 ******78.75

SUBJECT: J & E 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:

\$ 78.75

Filing Fee & Certificate

PROM:

DAVE EISWERTH

Name (printed or typed)

6925 JULIA CT.

Address

NEW PORT RICHEY, FL 34652

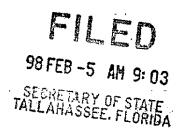
City, State & Zip

(813)843-0473

Daytime Telephone Number

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:

J & E INSURANCE, INC.

ARTICLE II PRINCIPAL OFFICE

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

6925 JULIA CT. NEW PORT RICHEY, FL 34652

ARTICLE III SHARES

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

500

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

DAVE EISWERTH 6925 JULIA CT. NEW PORT RICHEY, FL 34652

ARTICLE V INCORPORATOR (S)

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

DAVE EISWERTH 6925 JULIA CT. NEW PORT RICHEY, FL 34652

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

2ND day of FEBRUARY, 19 98

Dave Kesweth
Signature

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: J & E INSURANCE, INC.
- 2. The name and address of the registered agent and office is:

DAVE EISWERTH
(Name)
6925 JULIA CT.
(P.O. Box <u>not</u> acceptable)
NEW DODE DIGUEY ET 24652
NEW PORT RICHEY, FL 34652
(City/State/Zip)

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 statues 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.

Dave Esweth

Signature

Date

Date