

P98000012309

TRANSMITTAL LETTER

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

SUBJECT: American Insurance Advisors, Inc.
(Proposed corporate name - must include suffix)

600002423486--0
-02/06/98--01045--003
*****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:

Joseph T. Postiglione
Name (printed or typed)

1889 Ezelle Ave. N.W.
Address

Laurel, FL 33770
City, State & Zip

813-584-4569
Daytime Telephone number

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 FEB -6 PM 2:44

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

RP
02-06-98

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:

American Insurance Advisors, INC.

ARTICLE II PRINCIPAL OFFICE

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

1889 Ezelle Ave, N.W.
Cargo, AL 33770

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ARTICLE III SHARES

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

10,000 non-issued shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Joseph T. Postiglione
1889 Ezelle Ave. N.W.
Cargo, AL 33770

See instructions for officers/directors

Joseph J. Postiglione
1884 Ezelle Ave. N.W.
Largo, AL 38770

Profit corporation

Enorio Carlesimo
41 Eagle Lane
Palm Harbor, FL 34683

3 day of February, 19 98

Joseph J. Patisson - Pres.
Signature

John - Sec. Treas.
Signature

Signature

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**

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

Joseph J. Postiglione
(NAME)
1889 Ezelle Ave. N.W.
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)
Largo, FL 33770
(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.

Joseph J. Postiglione
(SIGNATURE)

2/3/98
(DATE)