

P98000039792

TRANSMITTAL LETTER

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

800002501758--5
-04/27/98--01125--016
*****70.00 *****70.00

SUBJECT: The ASSURANCE Agency, Inc.
(proposed corporate name)

Enclosed is an original and one (1) copy of the articles of incorporation and our check
for \$ 70.00.

FROM:

BRUCE DANIELL
Name (printed or typed)
5100 Burchette Rd #1701
Address
TAMPA, FL 33647
City, State, & Zip
(813) 910-7335
Telephone Number

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 APR 27 PM 3:46

~~498-9775~~

Dmc
4/30/98

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Note: Please provide the original and one copy of the Articles.

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ARTICLES OF INCORPORATION

OF

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.

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 APR 27 PM 4:06

ARTICLE I NAME

The name of the corporation shall be: *The ASSURANCE AGENCY, Inc.*

ARTICLE II PRINCIPAL OFFICE

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

*5100 Burchette Rd., Suite 1701
TAMPA, FL 33647*

ARTICLE III CAPITAL STOCK

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

one hundred shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

*BRUCE DANIELL
5100 Burchette Rd. #1701
TAMPA, FL 33647*

ARTICLE V INCORPORATOR(S)

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

Bruce DANIELL, 5100 Burchette Rd #1701, Tampa, FL

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

23rd day of April, 19 98.


Signature

Signature

Signature

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 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: The Assurance Agency, Inc.

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

Bruce Daniell
(NAME)

5100 Burchette Rd. #1701
(P.O. BOX NOT ACCEPTABLE)

Tampa, FL 33647
(CITY/STATE/ZIP)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 APR 27 PM 3:46

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

Bruce Daniell

DATE

4/23/98