TRANSMITTAL LETTER

P98000064037

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 98 JUL 20 PM 1:51 SECRETARY OF STATE TAIL ANASSEE, FLORIDA

SUBJECT:	METRO /N. (Proposed corpo	Sur 19ce - Grate name - must include suf	STEMS /w	<u>c</u> .	
Enclosed is an original a	nd one(1) copy of the article		00002593 -07/20/980 ******78.75 check for:	1114003	
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	S122.50 Filing Fee & Certified Copy ADDITIONAL CO	☐ \$131.25 Filing Fee, Certified Copy & Certificate		
FROM: METRO INVRANCE Name (Printed or typed) 12538 N. Kennall Drive Address					
		-/on:04 33/ , State & Zip			

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTIC	CLE I	NAME

The name of the corporation shall be:

of the corporation shall be:

METRO INSURANCE SYSTEMS

ARTICLE II PRINCIPAL OFFICE

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

12538 1. KeNDAll DRIVE MiANII, FLORIDA 33186

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

100

<u>ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS</u>

The name and Florida street address of the initial registered agent are:

JON ROBBINS

12538 D. KENDAII DRIVE Migni F/4.

INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

JON ROBBINS

12538 A. Kendall Drive Migni Fl. 33186

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

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/Registered Agent