DANNO	Charte Mumber Only
MAX A. ADOMS Requestor's Name Olivination Requestor's Name Requestor's Name Olivination Requestor's Name Req	A T I O N
4349 NW 36 St- Address 10M1 FL 33166 City State ZIP Phone	0 N L 2000026457620 V -09/22/9801037002
887-9060C	****122.50 ****122.50

CORPORATION(S) NAME

PP Toll Free: 1-800-432-3028) Profit () Merger () Amendment NonProfit () Mark) Dissolution) Foreign () Other) Annual Report) Limited Partnership () Change of Registered Agent) Reservation) Reinstatement () Certificate Under Seal) Photo Copies) Certified Copy () After 4:30 () Call If Problem) Call When Ready () Mail Qut J Pick Up) Walk In () Will Wait

CR2E031 (R8-85)

Availability
Document
Examiner
Updater

Verifier

W.P. Verifier

ARTICLES OF INCORPORATION

UNDERSIGNED, has executed the following document as incorporator of the above named corporation, a corporation organized under the laws of the State of Florida, and all rights duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the laws of the State of Florida.

ARTICLE I

The name of this corporation shall be:

Crowder Insurance Agency, Inc.

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The principal place of business and mailing address of this

corporation shall be:

... 33033-4410

The general nature of the business and objects and purposes proposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

- (1) Transact any and all lawful business.
- (2) Said corporation shall further have powers:

To have perpetual succession by its corporate name;

To sue and be sued, complain, and defend in its corporate name in all actions or proceedings;

To transact any and all lawful business which the board of directors shall find will be in aid of governmental policy;

To pay pensions and establish pension plans, profit sharing plans, stock bonus plans, stock option plans, and other incentive plans for any or all of its directors, officers, and employees and for any or all of the directors, officers, and employees of its subsidiaries;

To be a promoter, incorporator, partner, member, associate, or manager of any corporation, partnership, joint venture, trust, or other enterprise;

To have and exercise all powers necessary or convenient to effect its purposes;

To indemnify any person who by reason of the fact that he is or was a director, officer, employee or agent of the corporation to the full extent as permitted by Florida Statue S607.014;

ARTICLE V

The aggregate number of shares which this corporation shall have authority to issue is the total sum of 10° shares, having par value of $4 \cdot 30 \text{ m}$.

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

Shares of Stock in this Corporation shall not be transferred or sold until the sale or transfer has been reported to and approved by the board of directors.

ARTICLE VI

The name and street address of the initial Registered Agent of this corporation shall be:

H349 N.W. 36st Miani, Fla. 33166

MAX A. ADAMS

3

ARTICLE VII

The initial board of Directors shall consist of a total of | person(s) and the name and address of the person(s) who is to serve as an initial director(s):

Barbara Crouder 30545 S.W. 149ct Minni, Fla. 33033-4410

ARTICLE VIII

The name and address of the incorporator executing these Articles of Incorporation shall be:

Barbara Crowder 30545 S.W. 149ct Miani, Fla. 33033-4410

The undersigned has executed these Articles of Incorporation this 16th day of September 1998.

Incorporato

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statues, 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.

First that	Crowder	Insurance	Hyerry, In	<u>c.</u>
* ***		(Name of Corpora	ation)	ncinal office.
desiring to orga	nize under the la he articles of inc	rws of the State of_ corporation has nar	Florida with its pri	ANS Esq
located at	1349 N.W. 3	627	000	State of
City of	gent to accept se	County of ervice of process w	rithin this sate.	0,8.00

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

98 SEP 22 PM I2: 17
SECRETARY OF STATI