TRANSMITTAL LETTER

Department of State Division of Corporation P. O. Box 6327 Tallahassee, FL 32314	98600	50827	782 BSEP 23 AM	
SUBJECT: Blo	ount Insurance (Proposed corpor	e Agency Trate name - Aust include suff	īx)	
		· 81	000026471 -09/23/9801 *****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 COI	Y REQUIRED	
FROM:	arla P Han	inted or typed)		
7	O Bx 915	1006 Magno)	<u>lia A</u> be	
_	Blowntstown City, S	F1 32424 State & Zip		
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F.CHESSER SEP 2 4 1998

Daytime Telephone number

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.	ON SE
ARTICLE I NAME	P 23
The name of the corporation shall be:	فنست شب مسا
Blownt Insurance Agency, Inc.	AM 9:55
ARTICLE II PRINCIPAL OFFICE	in To
The principal place of business and mailing address of this corporation shall be:	
121 Railroad Ave. Blountstown, Fl. 32424	
ARTICLE III SHARES	
The number of shares of stock that this corporation is authorized to have outstanding at any one time.	me is:
300 Shares	
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS	
The name and Florida street address of the initial registered agent are: (2r/2 A H2nd 1006 magnotic Aue. 70 Bx 915 Blownts town, F1 32424	
ARTICLE V INCORPORATOR	
The name and address of the incorporator to these Articles of Incorporation are:	
Carla A Hand	•
1006 Magnolia Hue to Box 113	
1006 Magnolia Ave Po Box 915 Blountstown, Fl 32424	•
Carla A Hand 9/21/98	· · · · · · · · · · · · · · · · · · ·
Signature/Incorporator Date	

(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

Date