# P98000088244

TRANSMITTAL LETTER

Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	542480 01022017 50 *****78.75
SUBJECT: _Preferred Insurance Solutions, Inc	
I enclose an original and _1_copy(ies) of the Articles of Incorporation for the above corporation and a check in the of \$_122.50	amount
SIGNED:	
From:	
Gerald M. Smithson	
4526 Edith Street	
New Port Richey, Florida 34652	· _ <u>@</u>
Telephone Number: (727) 841-9600	SECRETV VISION O

### ARTICLES OF INCORPORATION

OF

Preferred Insurance Solutions. Inc.

#### ARTICLE I NAME

The name of the corporation shall be: Preferred Insurance Solutions, Inc.

### ARTICLE II PRINCIPAL OFFICE

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

Preferred Insurance Solutions, Inc.

4526 Edith Street

New Port Richey, Florida 34652

# ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1000 shares of the par value of \$1.00 each share.

# ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Gerald M. Smithson

4526 Edith Street

New Port Richey, Florida 34652

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# ARTICLE V INCORPORATOR

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

Gerald M. Smithson

4526 Edith Street

New Port Richey, Florida 34652

The undersigned has executed these Articles of Incorporation this \_\_\_\_\_\_ day of \_\_\_\_\_\_ 1928.

Gerald M. Smithson, Incorporator

#### CERTIFICATE OF DESIGNATION

# 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:			
Preferred Insurance Solutions, Inc.	· ·	: 15	= -
2. The name and address of the registered agent and office	is:		÷ -
Gerald M. Smithson	<b>-</b>	· · · · · · · · · · · · · · · · · · ·	
4526 Edith Street	96	VIQ.	
New Port Richey, Florida 34652		SECRETAR ISION OF	-
Signature:  Title: Verill  Date: 10-9-90	PM I: II	ED Y OF STATE ORPORATION	3.7
HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTH AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.	GNATE HER NG TO	ED · · · ·	- - - - - - - - - - - - - - - - - - -
Signature:			no napo
Date: 10-2-98			2= m.