

P990000000374

Roger A. Foote
Requestor's Name
P.O. Box 590211
Address
Orlando, FL 32859-0211
City/State/Zip Phone #

500002728775--9
-01/04/99--01051--002
*****70.00 *****70.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED
99 JAN -4 PM 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BROCK JAN 4 1999

ARTICLES OF INCORPORATION

OF

ALL TRUST INSURANCE, INC

FIRST: The name of this Corporation shall be

ALL TRUST INSURANCE, INC.

SECOND: The existence of the Corporation shall be perpetual.

THIRD: The nature of the business and the objects and purposes to be transacted, promoted and carried on are to engage in any lawful act or activity for which corporations may be organized under the Florida General Corporation Act.

FOURTH: The amount of total authorized capital stock of the Corporation shall be divided into 1000 shares with no-par value.

FIFTH: The street address of the initial Registered Office shall be 709 W Oak Ridge Road Orlando, FL 32809 and the initial Registered Agent at that address shall be Roger A Foote

SIXTH: The street address of the Initial Principle Office of the Corporation shall be 913 E North Boulevard Leesburg, FL 34749

SEVENTH: The number of Directors constituting the initial Board of Directors shall be one. The names and addresses of the persons who shall serve as members of the initial Board of Directors are as follows:

KAYTON SCARBORO
15000 THOROUGHbred LANE
MONTVERDE, FL 34756

EIGHTH: The name and address of the person signing these Articles of Incorporation as Incorporator is KAYTON SCARBORO, 15000 THOROUGHbred LANE, MONTVERDE, FL 34756

NINTH: All of the Corporation's Authorized Capital Stock will be one class "Common Stock".

TENTH: All of the issued stock of all classes shall be subject to the following restriction on transfer. Each stockholder shall offer to the Corporation or to other stockholders of the Corporation a thirty (30) day "first right" option to purchase his/her stock should he/she elect to sell his/her stock.

Upon the death of any stockholder, the Corporation shall have the right to purchase all shares owned by such stockholder immediately prior to his/her death on the terms set forth above, and this provision shall be binding on the Executor, Administrator, or Personal Representative of each stockholder.

I, THE UNDERSIGNED, for the purpose of forming a corporation under the laws of the State of Florida do make, file and record Articles of Incorporation, and do certify that the facts herein stated are true; and have accordingly hereunto set my hand on this 29th day of DEC, Em B.R. 1998


KAYTON SCARBORO

STATE OF FLORIDA
COUNTY OF ORANGE

SS

FILED
99 JAN -4 PM 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BEFORE ME, the undersigned authority, on this day personally appeared KAYTON SCARBORO, who being duly sworn, acknowledged the execution of the foregoing Articles of Incorporation as HIS free act and deed.

WITNESS my hand and official seal in the County and State named above this 29 day of December.

Tammy Strobe Hearsey

NOTARY PUBLIC



TAMMY STROBE HEARSEY
My Commission CC511636
Expires Nov. 26, 1999

STATE OF FLORIDA
DEPARTMENT OF STATE

Certificate Designation Place of Business or Domicile for the Service of
Process Within This State, Naming Agent Upon Whom Process May Be Served
and Names and Addresses of the Officers and Directors.

The following is submitted, in compliance with Chapter 48.091,
Florida Statutes:

ALL TRUST INSURANCE, INC

A corporation organized (or organizing) under the laws of the State of
FLORIDA with its principal office at
913 E NORTH BOULEVARD in the city of LEESBURG
County of LAKE State of FLORIDA
has named ROGER A FOOTE located at 709 W OAK RIDGE ROAD

(Street address and number of Bldg., P.O. Box address not acceptable)

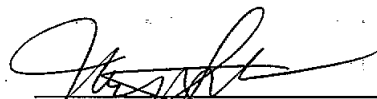
City of ORLANDO County of ORANGE,
as its agent to accept service of process within this state.

OFFICERS:

NAME	TITLE	SPECIFIC ADDRESS
<u>KAYTON SCARBORO</u>	<u>(P)</u>	<u>15000 THOROUGHbred LANE</u>
		<u>MONTVERDE, FL 34756</u>
	<u>(S)</u>	
	<u>(T)</u>	
	<u>(V)</u>	

DIRECTORS:

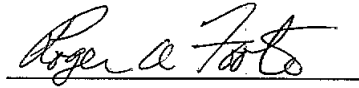
	SPECIFIC ADDRESS
<u>KAYTON SCARBORO</u>	<u>15000 THOROUGHbred LANE</u>
	<u>MONTVERDE, FL 34756</u>



CORPORATE OFFICER
KAYTON SCARBORO

ACCEPTANCE:

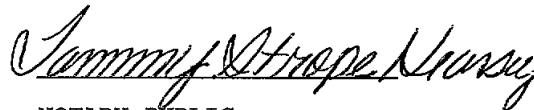
I agree as Resident Agent to accept Service of Process: to keep office open during prescribed hours, to post my name (and any other officers of said corporation authorized to accept service of process at the above Florida address) in some conspicuous place in office as required by Law.



Resident Agent
ROGER A FOOTE

BEFORE ME, the undersigned authority, on this day personally appeared ROGER A FOOTE, who being duly sworn, acknowledged the execution of the foregoing acceptance as HIS free act and deed.

WITNESS my hand and official seal in the County and State named above this 29 day of December.



NOTARY PUBLIC



TAMMY STROPE HEARSEY
My Commission CC511836
Expires Nov. 26, 1999

FILED
99 JAN -4 PM 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA