P99000009998

Atwood and Associates Insurance Agency, Inc. (Proposed corporate name - must include suffix)

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:



500002757775--3 -01/28/99--01082--014 *****78.75 *****78.75

| Enclosed is an original and one(1) copy of the article \$70.00 \$78.75 Filing Fee Filing Fee & Certificate of Status | **s of incorporation and a check for : \$\$78.75 \$\$87.50 Filing Fee Filing Fee, & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED |
|---|---|
| FROM: Susan E. Atwood Name (Printed or typed) P.O. Box 16428 Address | |
| Tampa, FL 33687-6428 ALARY SECRETARY OF STATE AND Daytime Telephone number NOTE: Please provide the original and one copy of the articles. | |

ARTICLES OF INCORPORATION

EFFECTIVE DATE

OF

ATWOOD AND ASSOCIATES INSURANCE AGENCY, INC.

I, THE UNDERSIGNED INCORPRATOR, HEREBY MAKE, SUBSCRIBE, ACKNOWLEDGE AND FILE WITH THE Secretary of State of the State of Florida these Articles of Incorporation, for the purpose of forming a corporation for profit in accordance with Chapter 607, Florida Statutes, General Corporation Act of the State of Florida.

ARTICLE ONE

Name of Corporation

99 JAN 28 AN 8: 57
SECRETARY OF STATE
TALLANIASSEE, FLORIDA

The name of this corporation shall be:

ATWOOD and ASSOCIATES INSURANCE AGENCY, INC.

ARTICLE TWO

Existence of Corporation

This corporation shall commence on January 22, 1999 and shall exist perpetually thereafter unless dissolved according to law.

ARTICLE THREE

Purpose

The corporation may engage in the transaction of any or all lawful business for which corporations may be incorporated under the laws of the State of Florida.

ARTICLE FOUR

Capital Stock

The aggregate number of shares of stock that this corporation is authorized to issue is ten thousand (10,000) shares, all of which shall be common shares with a par value of one dollar (\$1.00) per share. Each of said shares of stock shall entitle the holder thereof to one (1) vote at any meeting of the stockholders. All or any part of said capital stock may be paid for in cash, in property, or in labor or services at a fair valuation to be fixed by the Board of Directors at a meeting called for such purposes. All stock when issued shall be paid for and shall be nonassessable.

ARTICLE FIVE

Principal Office

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

P.O. Box 16428 Tampa, Florida 33687-6428

The Board of Directors may, from time to time, move the location of the principal office to any other address in Florida.

ARTICLE SIX

Initial Registered Office and Registered Agent

The name and address of the initial registered agent of this corporation is as follows:

Susan E. Atwood 4423 PORPOISE DR. TAMPA, FL 33617

The Board of Directors may, from time to time, change the registered agent of the corporation.

ARTICLE SEVEN

Number of Directors

The number of Directors of this corporation shall not be less than one (1). The number of Directors may be increased or diminished from time to time in the manner determined by the By-Laws, but shall never be less than one (1).

ARTICLE EIGHT

Initial Board of Directors

The initial Board of Directors shall consist of one (1) member, who shall serve until the first annual meeting, or until a successor/s have been elected and qualified. The name and address of the initial Board of Director is as follows:

Susan E. Atwood P.O. Box 16428 Tampa, Florida 33687-6428

ARTICLE NINE

Incorporator

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

Susan E. Atwood P.O. Box 16428 Tampa, Florida 33687-6428

ARTICLE TEN

Amendment to Articles of Incorporation

The corporation reserves the right to amend, alter, change or repeal any provisions contained in these Articles of Incorporation in the manner now or hereafter prescribed by statue, and all rights conferred upon the stockholders herein are subject to this reservation.

Signature/Incorporator

I, Susan E. Atwood, having been named as registered agent of the ATWOOD AND ASSOCIATES INSURANCE AGENCY, INC., do hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statues 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