

P 99000017024
(SAMPLE LETTER OF TRANSMITTAL)

DATE

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

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-02/04/99--01040--005

*****78.75 *****78.75

Re: MR. INSURANCE, Inc.
(Name of Corporation)

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$122.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours.

MANUEL A. DISGDIERTT SK
(Individual's Name)

MR. INSURANCE, INC.
(Name of Corporation)

MAILING ADDRESS OF CORPORATION

4228 NW 10TH ST.

GAINESVILLE, FL 32609-1850

PHONE

(352) 375-1678

Area Code

Number

Ext.

FILED
99 FEB 22 PM 3:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
99 FEB 22 PM 3:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

February 8, 1999

MANUEL A. DISGDIERTT, SR.
4228 NW 10TH ST.
GAINESVILLE, FL 32609-1850

SUBJECT: MR. INSURANCE, INC.
Ref. Number: W99000003161

We have received your document for MR. INSURANCE, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6928.

Michelle Milligan
Document Specialist

Letter Number: 199A00005541

ARTICLES OF INCORPORATION

of

MR. INSURANCE, INC.

(name of corporation)

The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt(s) the following articles of incorporation for such corporation:

ARTICLE I - CORPORATE NAME

The name of the corporation is:

MR. INSURANCE, INC.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue 1000 shares of common stock, par value \$ 1.00 per share.

ARTICLE V - INITIAL PRINCIPAL OFFICE

The street address of the initial principal office and, if different, the mailing address is:

STREET ADDRESS		
4228 NW 10TH Street		
CITY	FLORIDA	ZIP
GAINESVILLE		32609-1850

Mailing address, if different

STREET ADDRESS		
SAME AS ABOVE		
CITY	FLORIDA	ZIP

ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office and the name of the initial registered agent at the office is:

NAME		
MANUEL A. DISGDIERTT SR.		
ADDRESS		
4228 NW 10TH Street		
CITY	FLORIDA	ZIP
GAINESVILLE		32609-1850

ARTICLE VII - INITIAL BOARD OF DIRECTORS

This corporation shall have ONE (1) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	MANUEL A. DISGDIERTT SR.		
ADDRESS	4228 NW 10TH STREET		
CITY	GAINESVILLE	STATE	FL ZIP 32609-1850
NAME	/ / /		
ADDRESS	/ / /		
CITY	/	STATE	/ ZIP
NAME	/ / /		
ADDRESS	/ / /		
CITY	/	STATE	/ ZIP

ARTICLE VIII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	MANUEL A. DISGDIERTT SR.		
ADDRESS	4228 NW 10TH STREET		
CITY	GAINESVILLE	STATE	FL ZIP 32609-1850
NAME	/ / /		
ADDRESS	/ / /		
CITY	/	STATE	/ ZIP
NAME	/ / /		
ADDRESS	/ / /		
CITY	/	STATE	/ ZIP

The undersigned incorporator(s) have executed these Articles of Incorporation this 21ST day of JANUARY, 19 99.

Manuel A. DisgdierTT SR (Signature)

____ (Signature)

____ (Signature)

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/ REGISTERED OFFICE

FILED
99 FEB 22 PM 3:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MR. INSURANCE, INC.
(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, organized under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at 4228 NW 10th STREET
GAINESVILLE, FL. 32609-1850

has named MANUEL A. DISCHERTT SR.

located at the aforesaid address, as its registered agent to accept service of process within this state.

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.

Manuel A. Dischertt SR Jan 21, 1999
(Signature) (Date)