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

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SUBJECT:	W	ESTON INSURANC	e Agency, In	C.	
	(Proposed corporate name - must include suffix)				
Enclosed is an	origina	al and one(1) copy of the article	es of incorporation and a	ı check for ;	
☐ \$70 Filing I		\$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED	
F	ROM:	DARRELL BE	RAHAM		-
		Name (Pr 11980 S.W. 22 nd (inted or typed) COURT	TALL.	1
		DAVIE, FL. 333;	25-5201 State & Zip	RICALISEE.F	
		(954) 805 6823 / (954)) 916 1807	LORE	08

NOTE: Please provide the original and one copy of the articles.

Daytime Telephone number

De Son

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.

ARTICLE I NAME

The name of the corporation shall be:

WESTON INSURANCE AGENCY, INC.

ARTICLE II PRINCIPAL OFFICE

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

11980 S.W. 22nd COURT DAVIE, FL 33325-5201

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100,000 COMMON SHARES @ \$1 PAR EACH.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

DARRELL BRAHAM 11980 S.W. 22nd COURT DAVIE, FL 33325-5201

ARTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

DARRELL BRAHAM 11980 S.W. 22nd COURT DAVIE, FL 33325-5201

Signature American

ard. 18. 1999

Date

STANDA SON

(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