P99000030533

CORPORATIONS DIVISION:

Please file the enclosed articles of incorporation and certificate of design office. Enclosed is:	
office. Enclosed is:	nation of registered agent/
An original Articles of Incorporation	=====================================
One copy of the Articles of Incorporation	
Two copies of the Articles of Incorporation	1 - । हा 1
An original Certificate of Designation of Registered Agent / Office	
A check or money order in the amount of \$78.75	
Optional services requested:	300002821683 -03/29/99-01082-
☐ No optional services are requested.	******78.75 *****
Please provide a certificate on incorporation. (\$78.75 fee is enclosed)	ed.)
☐ Please provide a <i>certified copy</i> of the articles of incorporation. (Ar articles and \$122.50 fee are enclosed.)	n additional copy of the
Please provide a <i>certified copy</i> of the articles of incorporation and tion. (An additional copy of the articles and \$131.25 fee are enclosed from the copy of the articles and \$131.25 fee are enclosed from the copy of the articles and \$131.25 fee are enclosed from the copy of the articles of incorporation and the copy of the articles of incorporation and the copy of the articles of incorporation and the copy of the articles and \$131.25 fee are enclosed from	ed.)
Incorporator's name: Howard G. Worthy III	
address: 241 Seventh Ave. North Naples, FL. 34102	
Daytime phone: 941-267-4401 941-262-6290	SE TAL
Please send responses or receipts concerning this filing to the above add	
Thank you very much.	HAT
Date: 3/26/99	FIL 29 SSEE
Signature of Incorporator:	PR PR
Holle	STATI LORID
Copyright © 1997 Consumer Corporation	A TO
AUTHORIZATION BY PHONE TO	
CORRECT Corp. none	
DATE 4/2/GG	

2 1999

DOC. EXAM _

ARTICLES OF INCORPORATION

of

Pursuant to Chapter 607 of the Florida Business Corporation Act, the undersigned incorporator submits these articles of Incorporation for the purpose of forming a for-profit corporation.

Article 1. The name of the Corporation is:	
All Lines Insurance of South Florida, Inc.	
Article 2. The principal place of business and mailing address of this corporation	า เริ่:
B) 19136 Acorn RD. Ft. Myers, FL. 33912 M) P.O. Box 244, Estero, FL. 33928-0244 Article 3. The corporation is authorized to issue one class of stock, that being	
shares of no par value, common stock, with identical rights and privileges, the trans	
restricted according to the bylaws of the corporation.	-
Article 4. The name and address of the corporation's initial registered agent is: Howard G. Worthy 241 Seventh Ave. North Naples, FL. 34102 Article 5. The name and street address of the incorporator of this corporation is: Howard G. Worthy 241 Seventh Ave. North Naples, FL. 34102 Article 6. No Director shall be held liable to the corporation or its shareholder damages due to a breach of fiduciary duty, unless the breach is a result of self-deamisconduct, or illegal actions.	s for monetary
	-

In witness whereof, the undersigned incorporator has executed these Articles of Incorporation on the date below.

Date: 3/26/99 Name of Incorporator:

Howard G. Worthy

Signature of Incorporator:

Convicts © 1997 Consumar Corporation

99 MAR 29 PM 1: 1
SECRETARY OF STAT
TALLAHASSEE, FLORI

CERTIFICATE OF DESIGNATION OF REGISTERED OFFICE AND REGISTERED AGENT

Pursuant to section 607.0501 of The Florida Business Corporation Act, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office and registered agent, in the State of Florida.

1. The name and address of the corporation's registered agent and registered office is:

Name

All Lines Insurance of South Florida, Inc. Howard G. Worthy

Street address

241 Seventh Ave. North Naples, FL. 34102

99 MAR 29 PM 1: 10 SEURLIARY OF STATE TALLAHASSEE, FLORID.

Having been named as the 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 of registered agent: // . //

Date of signature: 3/26/99