

PP9000033097

Actuarial Solutions, Inc.

801 West Bay • Suite 404 • Largo FL 33770 • Phone 727/559-7994 • Fax 727/559-8824

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-04/08/99--01006--021
*****87.50 *****87.50

April 3, 1999

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

Subject: Actuarial Solutions, Inc.

Enclosed are an original and two (2) copies of the articles of incorporation and a check for:

☒ \$87.50 Filing fee, Certified Copy and certificate of Status

Sincerely,



W. Leon Smith
801 West Bay, Suite 404
Largo, FL 33770
(727) 559-7994

EFFECTIVE DATE

4-5-99

FILED
99 APR - 7 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enclosures:

PMC
4/12/99

EFFECTIVE DATE

ARTICLES OF INCORPORATION

4-5-99

The undersigned incorporators, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt the following Articles of Incorporation.

1. NAME: The name of the corporation shall be Actuarial Solutions, Inc.
2. PRINCIPAL OFFICE: The principal place of business of the Corporation shall be
801 West Bay # 404
Largo, FL 33770
3. PURPOSE: The purpose for which this Corporation a organized is the transaction of any and all lawful business for which corporations may be incorporated under the laws of the State of Florida, as they may be amended from time to time.
4. INITIAL BUSINESS: The corporation initially intends to conduct the business of Actuarial, Retirement, Insurance and Employee Benefits Consulting. Such initial intention shall in no manner whatever limits the character of the business that the Corporation may ultimately conduct.
5. AUTHORIZED CAPITAL: The authorized capital stock of this Corporation shall be 1,000 shares of common stock, par value \$.01 per share.
6. REGISTERED AGENT: The name and address of the initial Registered Agent of the Corporation is:
Mr. W. Leon Smith
801 West Bay, # 404
Largo, FL 33770
(727) 559-7994
7. BOARD OF DIRECTORS: The initial Board of Directors shall consist of two (2) Directors. The persons who are to serve as directors until the first annual meeting of the shareholders or until their successors are elected and qualified are:

Mr. W. Leon Smith
801 West Bay, # 404
Largo, FL 33770
(727) 559-7994

Ms. Maria Antonieta Smith
408 Harbor Drive S.
Indian Rocks Beach, FL 33785
(727) 573-2750

FILED
99 APR - 7 PM 12:00
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

8. INCORPORATORS: The names and addresses of the Incorporators of the Corporation are:

Mr. W. Leon Smith
801 West Bay, # 404
Largo, FL 33770
(727) 559-7994


Ms. Maria Antonieta Smith
408 Harbor Drive S.
Indian Rocks Beach, FL 33785
(727) 573-2750

All powers, duties and responsibilities of the Incorporators shall cease at the time of filing these Articles of Incorporation with the Florida Corporation Commission.

9. DISTRIBUTION FROM CAPITAL SURPLUS: The Board of Directors of the Corporation may, from time to time, distribute to its shareholders out of, or purchase its own shares from, the capital surplus of the corporation.
10. REPURCHASE OF SHARES: The Board of Directors of the Corporation may, from time to time, cause the Corporation to purchase its own shares to the extent of the unreserved and unrestricted earned and capital surplus of the Corporation.
11. DIVIDENDS: The Board of Directors may authorize the payment of dividends to the holders of shares of any class of stock payable in shares of any other class.
12. INDEMNIFICATION OF OFFICERS, DIRECTORS, EMPLOYEES AND AGENTS: The corporation may indemnify officers, directors, employees or agents in accordance with applicable sections of the state statutes or any successor statute.
13. LIMITATION OF LIABILITY: The liability of directors to the Corporation or its shareholders for monetary damages for breach of fiduciary duty is eliminated and or limited to the full extent permitted by law.
14. EFFECTIVE DATE: The corporation shall become effective at the date signed below.

IN WITNESS WHEREOF, we the undersigned, have hereunto set our hands this 5 day
of April, 1999.


W. Leon Smith/Incorporator


Maria Antonieta Smith/Incorporator

FILED
99 APR -7 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

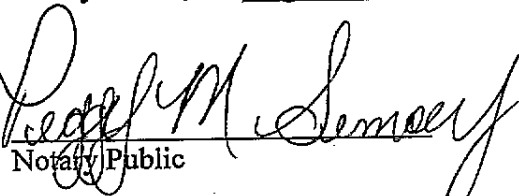
Having been named a Registered Agent and to accept service of process for the above stated Corporation at the place designated in this certificate, I hereby accept the appointment as registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered Agent.


W. Leon Smith/Registered Agent

STATE OF FLORIDA

COUNTY OF PINELLAS

This instrument was acknowledged before me, the undersigned
Notary Public, this 5th day of April, 1999.


Notary Public

My Commission Expires:

July 12, 1999

