

TRANSMITTAL LETTER

P99000035037

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

100002839961--5
-04/15/99--01054--005
*****87.50 *****87.50

SUBJECT: Riles and Allen Insurance Inc.
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: LARRY ALLEN
Name (Printed or typed)

7517 LAKE MARSHA DR.
Address

ORLANDO FL 32819
City, State & Zip

407-345-1087
Daytime Telephone number

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 APR 15 AM 10:56

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

4-16
105

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:

Riles and Allen Insurance Inc.

ARTICLE II PRINCIPAL OFFICE

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

5385 CONROY ROAD Suite 102
ORLANDO FL 32811

ARTICLE III SHARES

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

200 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

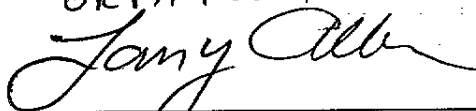
LARRY ALLEN
7517 LAKE MARSHA DR.
ORLANDO FL 32819

ARTICLE V INCORPORATOR

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

LARRY ALLEN
7517 LAKE MARSHA DR.
ORLANDO FL 32819

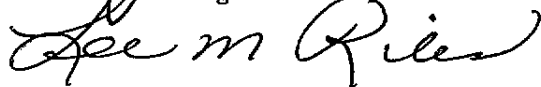
and Lee M. Riles
3633 WATERS EDGE DR.
ORLANDO FL 32812



Signature/Incorporator

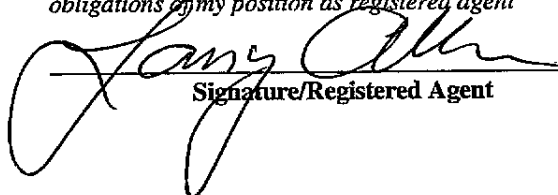
APRIL 13 1999

Date



(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

APRIL 13 1999

Date

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 APR 15 AM 10:56