

99000036052

TRANSMITTAL LETTER

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

SUBJECT: RHONDA A. ROONEY 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:

\$ 78.75

Filing Fee &  
Certificate

4000002843824--6

-04/19/99--01087--005

\*\*\*\*\*75.78 \*\*\*\*\*75.78

FROM: RHONDA A. ROONEY  
Name (printed or typed)  
1236 JAMBALANA DR.  
Address  
HOLIDAY, FL 34691  
City, State & Zip  
(727)937-7009  
Daytime Telephone Number

99 APR 19 PM 4:04

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

NOTE: PLEASE PROVIDE THE ORIGINAL AND ONE COPY OF THE ARTICLES.

APR 26 1999

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 APR 19 PM 4:04

## ARTICLES OF INCORPORATION

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

### ARTICLE I NAME

The name of the corporation shall be:

RHONDA A. ROONEY INSURANCE, INC.

### ARTICLE II PRINCIPAL OFFICE

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

1236 JAMBALANA DR.  
HOLIDAY, FL 34691

### ARTICLE III SHARES

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

500

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

RHONDA A. ROONEY  
1236 JAMBALANA DR.  
HOLIDAY, FL 34691

**ARTICLE V INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

RHONDA A. ROONEY  
1236 JAMBALANA DR.  
HOLIDAY, FL 34691

**ARTICLE VI INITIAL OFFICER(S) AND DIRECTOR(S)**

RHONDA A. ROONEY DIRECTOR, PRESIDENT  
1236 JAMBALANA DR.  
HOLIDAY, FL 34691

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

17TH day of MARCH, 19 99.

  
signature

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: RHONDA A. ROONEY INSURANCE INC

2. The name and address of the registered agent and office is:

RHONDA A. ROONEY

(Name)

1236 JAMBALANA DR.

(P.O. Box not acceptable)

HOLIDAY, FL 34691

(City/State/Zip)

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

4-13-99

Date

99 APR 19 PM 4:04

FILED  
CLERK OF STATE  
DIVISION OF CORPORATION