p9900003982

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

YARBOROUGH

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Enclosed is an original	al and one(1) copy of the articles		00002860 -05/04/990 check for****87.50	9555 1001017 *****87.50
☐ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:	WEDLEY A- YARDOR Name (Pri	outh Sl.	C.E.O	
CIVED 3 PM 3: 42 B) US STATE CORPURATIONS SSEE, FLORIDA	Tallahasset	K Way ddress - FL 323/2 tate & Zip	SH SH	APPROVI FAND 99 MAY - 3 PM

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



ARTICLES OF INCORPORATION

NAME

ARTICLE I

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

The name of the corporation shall be: /ARBOROUGH (NSURANCE AGENCY, INC.
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be: ///3 BlackHawk way Tallahasset, FL
ARTICLE III SHARES The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the initial registered agent are: WESTER A: VACES POWER SE 113 Black Power Se Tall what SEE, FL 3 2 3/2
ARTICLE V INCORPORATOR The name and address of the incorporator to these Articles of Incorporation are: Wisley A. VARDATOR 1113 Black Hawk Way. Tallahassee, FL 32312
Signature/incorporator Signature/incorporator Signature/incorporator Signature/incorporator Signature/incorporator Signature/incorporator Signature/incorporator Signature/incorporator Signature/incorporator
(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
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