12/28/98

Secretary of State **Division of Corporations** P.O. Box 6327 Tallahassee, Florida 32314 99 MAY -6 PH 12: 07

Re: M. RIVARD INSURANCE AGENCY, INC.

Ladies/Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$122.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above-named corporation.

Very truly yours,

-05/06/39--01036--003 ****122.50

MARTIN RIVARD

Mailing address of corporation:

5350 10TH AVE N. STE I LAKE WORTH, Florida 33463 Phone: (561) phone 439-0990

ARTICLES OF INCORPORATION

of

FILED

99 MAY -6 PM 12: 07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. RIVARD INSURANCE AGENCY, INC.

The undersigned subscriber(s) to these **Articles of Incorporation**, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation is: M. RIVARD INSURANCE AGENCY, INC.

ARTICLE II - DURATION

The corporation shall exist perpetually unless dissolved according to Florida Law.

ARTICLE III - PURPOSE

This corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue Seventy Five Hundred shares (7500) of One Dollar (\$1.00) par value Common Stock, which shall be designated "Common Shares".

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:

Name: MARTIN RIVARD	
Address: 5350 10TH AVE N. STE 1	<u>- ''</u>
City: LAKE WORTH	Florida, 33463

The principal office, if known, or the mailing address of the corporation is:

Name: M. RIVARD INSURANCE AGENCY, INC.		
Address: 5350 10TH AVE N. STE 1	_	
City: LAKE WORTH	Florida, 33463	

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have one (1) director(s) initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the Initial director(s) of the corporation are as follows:

Name: MARTIN RIVARD	
Address: 5350 10TH AVE N. STE 1	
City: LAKE WORTH, FI 33463	
Name:	-
Address:	
City:	
Name:	
Address:	·
City	

The names and addresses of the Incorporators signing these Articles of Incorporation are as follows:

-	·	_ " - " -
-		
		i.
	· : <u>-</u>	
	* -	

IN WITNESS WHEREOF the undersigned :	subscriber(s) have executed these Articl	es of Incorporation this
3day of	, 19 <i>9</i> 9	=
/ /		_ ,
	16	7
		~ <i>[]</i>
	Wasten fora	ed =
	/ MARTIN RIVARD	·

CERTIFICATE OF ACKNOWLEDGMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT

99 MAY -6 PM 12: 07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

of

M. RIVARD INSURANCE AGENCY, INC.

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation at 5350 10TH AVE N. STE 1, LAKE WORTH, FlORIDA, 33463 has named MARTIN RIVARD located at the aforesaid address, as its Registered Agent to accept service of process within this state.

ACKNOWLEDGMENT

Have been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida law in keeping open said office.

MARTIN RIVARD