100005/354

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

SUBJECT:	God's Insurance Group, Inc. (Proposed corporate name - must include suffix)				
				<u>.</u>	5000028915 -06/01/9901 *****78.75
Enclosed is an	origina	al and one(1) copy o	of the article	s of incorporation and a	check for:
☐ \$70 Filing		\$\frac{1}{2}\$78.75 Filing Fee & Certificate of S	tatus	□\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
]	FROM	William Scott Hood Name (Printed or typed)			
		4450 NW 55th Drive Address Coconut Creek, Florida 33073			SECRETARY O TALLAHASSEE

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

City, State & Zip

Daytime Telephone number

(954) 722-1126

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.

NAME $ARTICLE\ I_{_}$

. The name of the corporation shall be:

God's Insurance Group, Inc.

PRINCIPAL OFFICE ARTICLE II

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

4450 Northwest 55th Drive Coconut Creek, Florida 33073

SHARES ARTICLE III

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100

INITIAL REGISTERED AGENT AND STREET ADDRESS ARTICLE IV

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

William Scott Hood 4450 Northwest 55th Drive Coconut Creek, Florida 33073

INCORPORATOR ARTICLE V

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

William Scott Hood 4450 Northwest 55th Drive Coconut Creek, Florida 33073

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