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TRANSMITTAL LETTER

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

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-06/14/99--01104--014
*****87.50 *****87.50

SUBJECT: CAPITOL INSURANCE AGENCY AND TAX SERVICE
(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: MEGAN DUNCAN
Name (Printed or typed)

404 4th LANE
Address

GREENACRES FL 33460
City, State & Zip

561-478-2729
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 JUN 14 PM 4:48

FILED

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

T BROWN JUN 15 1999

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.

FILED
99 JUN 14 PM 4:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

CAPITOL INSURANCE AGENCY AND TAX SERVICE INC.

ARTICLE II PRINCIPAL OFFICE

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

2118 OKEECHOBEE BLVD
W.P.B FL 33409

ARTICLE III SHARES

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

1,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

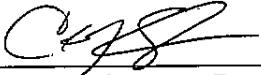
The name and Florida street address of the initial registered agent are:

MEGAN DUNCAN
404 4th LANE
GREENACRES FL 33460

ARTICLE V INCORPORATOR

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

CURTIS J. SHOTWELL
12395 N. 153rd CT
JUPITER FL 33478



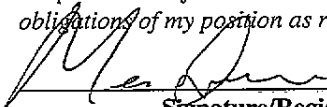
Signature/Incorporator

6/10/99

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

6/10/99

Date