P9900088544 TRANSMITTAL LETTER

(Proposed corporate name - must include suffix)

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

SUBJECT:

900003004329--4 -10/04/99--01098--012 *****78.75 ******78.75

Enclosed is an origina	al and one(1) copy of the artic	eles of incorporation and a	a check for :			
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	¥3578.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Cop & Certificate of	of		
FROM:	Robert L. Cox Name (Printed or typed)					
	8861 Grey Hawk Point					
	Address				99	
	Orlando, FL 32836				99 007 -	
	City, State & Zip		. · ·	SSE .	<u>.</u>	FILED
	(407) 876-7714					0
	Daytime Telephone number				က် က	

Greystone Insurance Services, Inc.

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

10/07/99 T.B.

FILED

ARTICLES OF INCORPORATION

99 OCT -4 AM 9: 03

OF

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Greystone Insurance Services, Inc.

The undersigned, acting as Incorporator pursuant to Chapter 607 of the Florida Statutes, adopts the following Articles of Incorporation.

ARTICLE I. NAME

The name of this Corporation is Greystone Insurance Services, Inc..

ARTICLE IL. DURATION

The period of its duration is perpetual, beginning from the date these Articles are filed with the State of Florida, Secretary of State.

ARTICLE III. PURPOSE

The general purpose of the business to be transacted by this For Profit Corporation is to engage in any activity or business permitted, for pecuniary profit, under the laws of the United States and the State of Florida, and to effectuate such purposes it may act in any capacity including as an agent or attorney-in-fact for any person or entity.

ARTICLE IV. SHARES

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

ARTICLE V. INITIAL PRINCIPAL OFFICE AND MAILING ADDRESS OF CORPORATION

The street address of the initial principal office of this For Profit Corporation is 8861 Grey Hawk Point, Orlando, FL 32836-5425 and the initial mailing address is 8861 Grey Hawk Point, Orlando, FL 32836-5425.

ARTICLE VI. INITIAL REGISTERED AGENT OF CORPORATION AND ADDRESS OF REGISTERED AGENT

The name of the initial registered agent Robert L. Cox and the address of this initial Registered Agent is 8861 Grey Hawk Point, Orlando, FL 32836-5425.

ARTICLE VII. BOARD OF DIRECTORS

This For Profit Corporation will have two (2) director(s). The number of directors may either be increased or from time to time by the Bylaws but will never be less than two (2). The directors shall be elected at an organizational meeting called by the incorporator within 45 days after the filing of these Articles of Incorporation with the Secretary of the State of Florida. The manner and method of election of Directors shall be set forth in the By-laws of the Corporation.

ARTICLE VIII. INCORPORATOR

The name and address of the person signing these Articles as Incorporator is:

Robert L. Cox 8861 Grey Hawk Point Orlando, FL 32836-5425

ARTICLE IX. BYLAWS

The power to adopt, alter, amend or repeal By-laws will be vested in the Board of

Directors.

ARTICLE X. MANAGEMENT BY DIRECTORS

All corporate powers will be exercised by or under the authority of, and the business affairs of this For Profit Corporation will be managed under the direction of the Officers of this Corporation, unless otherwise provided by the By-laws of the Corporation.

DATED: September 24, 1999.

Incorporator

STATE OF FLORIDA COUNTY OF ORANGE

The foregoing instrument was acknowledged before me September 24, 1999 by Robert L. Cox, who is described as Incorporator, and who executed the foregoing Articles of Incorporation, and acknowledged before me that he/she subscribed to such Articles of Incorporation for the purposes therein described.

(Signature of Notary, Public - State Florida)
Teresa A Monson Strnad
My Commission CC620981
Expires February 12 2001

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known OR Produced Identification

Type of Identification Produced

ACCEPTANCE OF DUTIES OF REGISTERED AGENT

I HEREBY ACCEPT the designation, duties, and responsibilities as REGISTERED AGENT of Greystone Insurance Services, Inc., and agree to comply with all provisions of the Florida Statutes, and/or any other applicable laws related thereto.

Robert L. Cox Registered Agent

STATE OF FLORIDA COUNTY OF ORANGE

The foregoing instrument was acknowledged before me on September 24, 1999 by Robert L. Cox described as the REGISTERED AGENT for Greystone Insurance Services, Inc., and who executed the foregoing designation as REGISTERED AGENT for the purposes therein expressed.

(Signature of Notary, Public - State Florida)

Teresa A Monson Strad

My Commission CC620961

Expres February 12 2001

(Print, Type, or Stamp Commissioned Name of Notary Public)

luced Identification

Personally Known OR Produced Identification

Type of Identification Produced

OR Produced Identification

OR Produced Identification

OR Produced Identification

OR Produced Identification

OR Produced Identification