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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

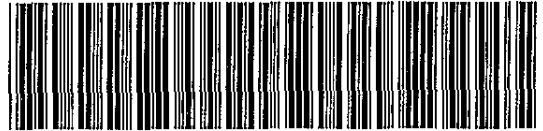
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 APR - 1 AM 11:54

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04/04

TRANSMITTAL LETTER

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

SUBJECT: Able Insurance Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: Able Insurance, Inc.
Name (Printed or Typed)

1451 Twin Rivers Blvd.
Address

Oviedo FL 32766
City, State & Zip

407-325-3130
Daytime Telephone number

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Able Insurance, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

*830 North Highway 17-9d
Longwood, Fl. 32750*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Insurance Sales

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

*Jose L. Negron - President
1451 Twin Rivers Blvd.
Oviedo, Fl, 32766*

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

*David Castillo
515 N. Semoran Blvd.
Orlando, Fl. 32807*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*Jose L. Negron
1451 Twin Rivers Blvd.
Oviedo, Fl. 32766*

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

David Castillo

Signature/Registered Agent

3/23/04

Date

[Signature]

Signature/Incorporator

3-23/04

Date