

P06000085320

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100076016271

06/22/06--01009--016 \*\*78.75

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
06 JUN 22 PM 1:42  
RECEIVED  
06 JUN 22 AM 11:02  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Charter Number Only

6/2/00 Evelyn

VALIDATION ONLY

Requestor's Name

Address

City

State

ZIP

Phone

Atlantic

CORPORATION(S) NAME

A Security Insurance Corp.



Empire Toll Free: 1-800-432-3028

- Profit
- NonProfit
- Foreign
- Limited Partnership
- Reinstatement
- Amendment
- Dissolution
- Annual Report
- Reservation
- Merger
- Mark
- Other
- Change of Registered Agent
- Certified Copy of Articles
- Photo Copies
- Certificate Under Seal
- Call When Ready
- Call If Problem
- After 4:30
- Walk In
- Will Wait
- Pick Up
- Mail Out

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) **06 JUN 22 PM 1:42**

**ARTICLE I NAME**

The name of the corporation shall be:  
**A SECURITY INSURANCE CORP,**

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:  
**20973 Springs Terrace  
Boca Raton, FL 33428**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
**ANY AND ALL LAWFULL BUSINESS**

**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):  
**Marcia Pereira Da Silva ( P/VP/S)  
20973 Springs Terrace  
Boca Raton, FL 334**

**ARTICLE VI REGISTERED AGENT**

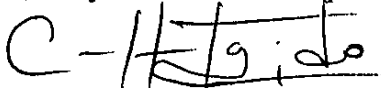
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  
**Alfa Group Company  
100 East Linton Blvd Suite 117 B  
Delray Beach, FL 33483**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:  
**Alfa Group Company  
100 East Linton Blvd Suite 117 B  
Delray Beach, FL 33483**

\*\*\*\*\*

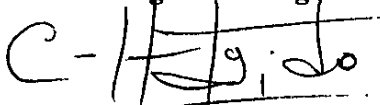
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*



Signature/Registered Agent

**June 19, 2006**

Date



Signature/Incorporator

**June 19, 2006**

Date