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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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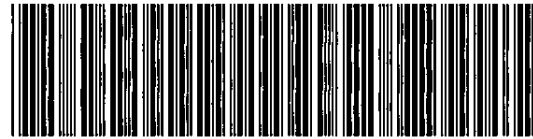
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
12 OCT - 1 PM 12:10

PS 10/4/12

# THE ASSET PROTECTION FIRM

A PRIVATE LAW FIRM

Wealth Preservation • Trusts & Estates • Business Strategies  
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Managing Member  
Locksley A. Rhoden, Esq.  
J.D., LL.M. in Taxation

www.TheAPFirm.com  
tel: 305.965.0635  
fax: 305.675.3998

September 25, 2012

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

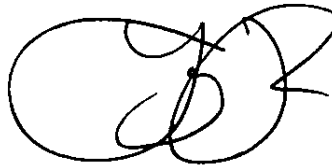
**Re: Articles of Incorporation to be filed for  
Balcer Insurance Group, Inc. (the "Company")**

To Whom It May Concern:

On behalf of the Company, enclosed please find a Firm check in the amount of Seventy Eight Dollars and Seventy Five Cents (\$78.75) for costs to file with the Florida Department of State and deliver to my attention a stamped filed copy and certificate of status of the enclosed Articles of Incorporation of the Company.

Thank you for expediting the filing. If additional information is required to process this request, please contact me at (305) 965-0635 or [lrhoden@theapfirm.com](mailto:lrhoden@theapfirm.com).

Very truly yours,



Locksley A. Rhoden, Esq.  
For the Firm  
On behalf of the Company

Enclosures

**COVER LETTER**

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

**SUBJECT: Balcer Insurance Group, 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

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: Mrs. Amber E. Balcer, Director  
Name (Printed or typed)

4320 S.W. 64th Avenue  
Address

Davie, Florida 33314  
City, State & Zip

(954) 494-3367  
Daytime Telephone number

amberbalcer@comcast.net; lrhoden@theapfirm.com  
E-mail address: (to be used for future annual report notification)

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

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STATE of FLORIDA  
ARTICLES OF INCORPORATION  
of  
BALCER INSURANCE GROUP, INC.  
In compliance with Florida Statutes Chapter 607

**ARTICLE I:** The name of the corporation shall be **BALCER INSURANCE GROUP, INC.**

**ARTICLE II:** The mailing address and street address of the principal office of the corporation in the state of Florida is 4320 S.W. 64<sup>th</sup> Avenue, Davie, Florida 33314 in Broward County.

**ARTICLE III:** The corporation is organized for any other lawful activity for which for-profit corporations may be organized and operated under Chapter 607 of the Florida Business Corporation Act, as now enacted or hereafter amended.

**ARTICLE IV:** The number of shares of common stock issued is Ten Thousand (10,000).

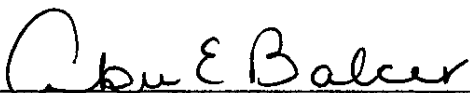
**ARTICLE V:** The name and address of the initial directors of the corporation is as follows:

Title: Director  
Name: **AMBER E. BALCER**  
Address: 4320 S.W. 64<sup>th</sup> Avenue, Davie, Florida 33314.

**ARTICLE VI:** The name of the corporation's registered agent is **AMBER E. BALCER** and the address of the registered agent in the state of Florida is 4320 S.W. 64<sup>th</sup> Avenue, Davie, Florida 33314 in Broward County.

**ARTICLE VII:** The name of the corporation's incorporator is **AMBER E. BALCER** and the address of the incorporator in the state of Florida is 4320 S.W. 64<sup>th</sup> Avenue, Davie, Florida 33314 in Broward County.

The undersigned has executed this Articles of Incorporation of **BALCER INSURANCE GROUP, INC.** on this 10<sup>th</sup> day of September, 2012.

By:   
**AMBER E. BALCER,**  
Authorized Representative

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. section 817.155*

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DIVISION OF CORPORATIONS

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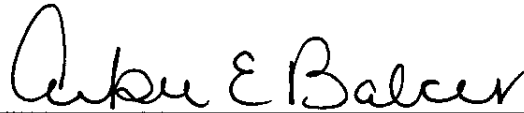
**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Florida statutes Section 607.0501, the undersigned corporation, organized pursuant to the laws of the state of Florida, submits the following statement designating the registered agent/registered office in the state of Florida.

1. The name of the Company is  
**BALCER INSURANCE GROUP, INC.**
2. The name and address of the registered agent is:

Attention: **AMBER E. BALCER**  
4320 S.W. 64<sup>th</sup> Avenue  
Davie, Florida.

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 as provided in Chapter 607 of the Florida statutes.



Registered Agent: **AMBER E. BALCER**

Date: September 10, 2012