P96000026355

TRANSMITTAL LETTER

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

SUBJECT: PREMIERE + INSURANCE, INC. DBA ALL CITY INSURANCE
(Proposed corporate name - must include suffix)

300001739583
-03/12/96--01054--009
****131.25 ****131.25

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	☐ $122.50 Filing Fee & Certified Copy	☒ $131.25 Filing Fee, Certified Copy & Certificate

Additional Copy Required

FROM: MONICA M. MARCU
Name (printed or typed)

1301 NE MIAMI GARDENS DR #525W
Address

NORTH MIAMI, FL 33179
City, State & Zip

(954)-963-9970
Daytime Telephone number

Name not identical must take out DBA

FILED
96 MAR 25 PM 9:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

L96-5842

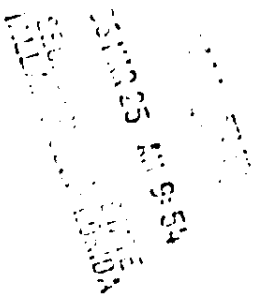
B. REGISTER MAR 19 1996

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

B. REGISTER MAR 26 1996

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.



ARTICLE I NAME

The name of the corporation shall be:

PREMIERE PLUS INSURANCE, INC.

ARTICLE II PRINCIPAL OFFICE

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

4804 S.W. 28 TERR., FORT LAUDERDALE, FL 33312

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: TEN THOUSAND(10,000) shares of Common Stock, par value. $.01 per share

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MONICA M. MARCU, 4804 S.W. 28 TERR., FORT LAUDERDALE, FL 33312

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

The name and the address of the initial Board of Directors is: MONICA M. MARCU
1301 N.E. MIAMI GARDENS DR. #525W
NORTH MIAMI, FL 333179

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

20 day of MARCH , 19 96 .

Monica M. Marcu

Signature

Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: PREMIERE PLUS INSURANCE, INC.

2. The name and address of the registered agent and office is:

MONICA M. MARCU
(NAME)

4804 S.W. 28 TERR.
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

FORT LAUDERDALE, FL 33312
(CITY/STATE/ZIP)

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.

Monica M. Marcu
(SIGNATURE)

MARCH 20, 1996
(DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314