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TRANSMITTAL LETTER

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

SEARCHED  
SERIALIZED  
INDEXED  
FBI  
NOV 20 1996

SUBJECT: THE FLORIDA INSURANCE GROUP OF OSCEOLA, INC.  
(Proposed corporate name - must include suffix)

200002009822--2  
-11/20/96--01076--010  
\*\*\*\*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: JUSTINA RAMOS  
Name (Printed or typed)

861 PISA LANE  
Address

PONCIANA, FL 34758-4308  
City, State & Zip

(407) 846-1648  
Daytime Telephone number

2 5, 1996

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

**ARTICLES OF INCORPORATION**

FILED  
96 NOV 20 PM 4:19

*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:

THE FLORIDA INSURANCE GROUP OF OSCEOLA, INC.

**ARTICLE II PRINCIPAL OFFICE**

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

861 PISA LANE POINCIANA, FL 34758-4308

**ARTICLE III SHARES**

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

750 SHARES AT \$10.00 PER SHARE

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

JUSTINA RAMOS  
861 PISA LANE  
POINCIANA, FL 34758-4308 .

**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):

JUSTINA RAMOS, PRESIDENT  
RUBEN RAMOS, VICE PRESIDENT  
ILIANA GRIFFIN, SECRETARY-TREASURER

ALL OF THE ABOVE NAMED PERSONS RESIDE AT:

861 PISA LANE POINCIANA, FL 34758-4308

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

10th day of NOVEMBER, 19 96.

(An additional article must be added if an effective date is requested.)

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**Notarization is not required**

**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: THE FLORIDA INSURANCE GROUP OF OSCEOLA, INC.

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

JUSTINA RAMOS  
(NAME)

861 PISA LANE  
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

POINCIANA, FL 34758-4308  
(CITY/STATE/ZIP)

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NOV 20 PM 1:15  
TALLAHASSEE, FL

*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.*

*Justina Ramos*  
(SIGNATURE)

11/10/96  
(DATE)