

096 0 000 96356

TRANSMITTAL LETTER

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

96 NOV 20 PM 11:19
FRI

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

POINCIANA, FL 34758-4308
City, State & Zip

(407) 846-1648
Daytime Telephone number

NOV 25 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)

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)