

P96000097334

D. THOMPSON
P. O. BOX 41000
ST. PETERSBURG, FL 33743

Address

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. American Insurance Center of Florida, Inc. St. Petersburg
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

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TALLAHASSEE, FLORIDA

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

W96-24307

Examiner's Initials 1 96 DEC -3 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

November 18, 1996

DAVID THOMPSON
P.O. BOX 41000
ST. PETERSBURG, FL 33743

SUBJECT: AMERICAN INSURANCE CENTER OF FLORIDAA, INC.
Ref. Number: W96000024307

We have received your document for AMERICAN INSURANCE CENTER OF FLORIDAA, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6052.

Sandy Ng
Document Specialist

Letter Number: 896A00052329

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
OF

AMERICAN INSURANCE CENTER OF ST. PETERSBURG, INC.

The undersigned Incorporator, for purposes of organizing a corporation under the Florida Business Corporation Act, states as follows:

ARTICLE I

NAME

The name of the corporation is
AMERICAN INSURANCE CENTER OF ST. PETERSBURG, INC.

ARTICLE II

PRINCIPAL OFFICE AND MAILING ADDRESS

The principal office of the corporation shall be 5144 Central Avenue, St. Petersburg, Florida 33707. The mailing address of the corporation shall be P. O. Box 41000, St. Petersburg, Florida 33743.

ARTICLE III

CAPITAL STOCK

The corporation is authorized to issue 500,000 shares of \$0.10 par value common stock, of which 200,000 shares shall be Class A Voting Stock and 300,000 shares shall be Class B Nonvoting Stock. Both classes shall have equal rights to

shareholder distributions and to liquidation proceeds.

ARTICLE IV

REGISTERED OFFICE AND REGISTERED AGENT

The street address of the initial registered office of the corporation is 5144 Central Avenue, St. Petersburg, Florida 33707. The name of the initial registered agent of the corporation at that office is David A. Thompson.

ARTICLE V

DIRECTORS

The corporation shall have at least one (1) and not more than nine (9) directors. The number of directors may be increased or decreased from time to time as provided in the Bylaws, but shall never be less than one (1).

ARTICLE VI

INDEMNIFICATION

The Corporation shall indemnify any Officer or Director or any former Officer or Director, to the full extent permitted by law.

ARTICLE VII

INCORPORATOR

The Incorporator is David A. Thompson, whose address is

5144 Central Avenue, St. Petersburg, Florida 33707.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Incorporation this 26 day of November, 1996.

David A. Thompson
David A. Thompson, Incorporator

STATE OF FLORIDA
COUNTY OF PINELLAS

The foregoing instrument was acknowledged before me this 26 day of November, by David A. Thompson, who is personally known, and who did not take an oath.

Lisa L. Gunnin
Lisa L. Gunnin
NOTARY PUBLIC
Serial # _____
Notary Public, State of Florida
Commission No. CC 509199
My Commission Expires 01/15/00
1-800-3-NOTARY - Fla. Notary Service & Bonding Co.

ACCEPTANCE BY REGISTERED AGENT

The undersigned is familiar with, and hereby accepts, the obligations of appointment as Registered Agent of American Insurance Center of St. Petersburg, Inc.

David A. Thompson
David A. Thompson,
as Registered Agent

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TALLAHASSEE, FLORIDA