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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 922-4001

From: Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

**FLORIDA PROFIT CORPORATION OR P.A.**  
**FIRST NATIONAL TITLE & INSURANCE SERVICES, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	01
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F. CHESLER AUG 19 1999

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME**

The name of the corporation shall be:

FIRST NATIONAL TITLE & INSURANCE SERVICES, INC.

**ARTICLE II PRINCIPAL OFFICE**

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

7446 SW 48 STREET, MIAMI, FL. 33155

**ARTICLE III SHARES**

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

1000 SHARES

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

The name and Florida street address of the initial registered agent are:

ROLANDO MORENO 7446 SW 48 STREET, MIAMI, FL. 33155

**ARTICLE V INCORPORATOR**

The name and address of the incorporator to these Articles of Incorporation are:

ROLANDO MORENO 7446 SW 48 STREET, MIAMI, FL. 33155

**ARTICLE VI SHARE HOLDERS**

The name and address of the share holders are:

Daniel Rodriguez 47.50% Maria C. Montilla 9.375% Miguel A. Martinez 9.375%

Jose A. Valdes Leal 10.00% Rafael E. Rojo 5.00% Jose A. Valdes Mazaurieta 5.00%

Diego Rodriguez 5.00% Susana Valdes 4.75% Rolando Moreno 2.50%

Lourdes Valdes 1.50%

The address for all the names above shall be : 7446 SW 48 STREET, MIAMI, FL. 33155

  
\_\_\_\_\_  
Signature/Incorporator

8-17-99  
\_\_\_\_\_  
Date

Having been named as a registered agent and to accept services 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

  
\_\_\_\_\_  
Signature/Registered Agent

8-17-99  
\_\_\_\_\_  
Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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