

PA0000050669

TRANSMITTAL LETTER

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

FILED
00 MAY 18 PM 2:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: BARCENA INSURANCE GROUP, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

900003257649--9
-05/18/00--01093--001
*****70.00 *****70.00

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 of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: HAROLD BENJAMIN
Name (Printed or typed)
6208 PEMBROKE RD
Address
MIRAMAR FL 33063
City, State & Zip
954-981-1040
Daytime Telephone number

PLEASE RETURN BY FEDERAL
EXPRESS - AIRBILL ENCLOSED

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

323
WC

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:

BARCENA INSURANCE GROUP, INC.

ARTICLE II PRINCIPAL OFFICE

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

3312 Griffin Road
Ft. Lauderdale, FL 33312

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Sale of insurance and related products as an Allstate Agent

ARTICLE IV SHARES

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

100 shares

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Antonio Barcena
3430 Washington Lane
Cooper City, FL 33026

FILED
00 MAY 18 PM 2:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI INCORPORATOR(S)

See instructions for officers/directors

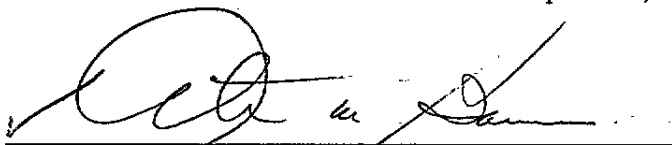
The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is (are):

Antonio Barcena
3430 Washington Lane
Cooper City, FL 33026

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

16 day of MAY, 2000.

(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

BARCENA INSURANCE GROUP, INC.


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

Antonio Barcena
3430 Washington Lane
Cooper City, FL 33026

FILED
00 MAY 18 PM 2:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.


(SIGNATURE)

 5/16/2000
(DATE)