

PO1000086890

TRANSMITTAL LETTER

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

200004566282--0  
-08/31/01--01068--003  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: Tiger Insurance of Sunset, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: Albert Fernandez  
Name (Printed or typed)

8600 NW 53<sup>rd</sup> Terrace, #200  
Address

Miami, FL 33166  
City, State & Zip

305-412-5862  
Daytime Telephone number

FILED  
01 AUG 31 PM 3:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

8/9/4

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be:

Tiger Insurance of Sunset, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

8600 NW 53<sup>rd</sup> Terr. #200, Miami FL 33166

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To sell insurance.

**ARTICLE IV SHARES**

The number of shares of stock is:

100

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TALLAHASSEE, FLORIDA

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s), address(es) and title(s):

Alex Anthony, President  
Albert Fernandez, Vice President/Secretary  
Cecilia Estrada, Treasurer

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

Albert Fernandez  
8600 NW 53<sup>rd</sup> Terr. #200, Miami FL 33166

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Albert Fernandez  
8600 NW 53<sup>rd</sup> Terr. #200 Miami FL 33166

\*\*\*\*\*  
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Date

Signature/Incorporator

Date