

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : NATIONAL CORPORATE RESEARCH, LTD.

Account Number : I20000000088 Phone : (800)221-0102

Fax Number : (212)564-6083

FOREIGN PROFIT/NONPROFIT CORPORATION

Amigo Insurance Services, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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Corporate Filing Menu

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STMENTS

PAGE 82

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF PLORIDA.

. Amigo I	nsurance Services, Inc.		
(Enter name of o	corporation; must include "INCORPORATE corp." "Inc," "Co," or "Corp.")	D," "COMPANY," "CORPORATION,"	
IRA, COA C	mp, ma, on or com,		
(If name unavail	able in Florida, enter alternate corporate na	me adopted for the purpose of transacting husine	ess in Florida)
Delaware	2	3.	
	under the law of which it is incorporated)		
Decemb	er 11, 2007	5. Perpetual (Duration: Year corp. will cease to exist or	·
-		(Duration: Year corp. will cease to exist or	"perpetual")
Effective	Upon Filing		
•	(Date first transacted busines (SEE SECTIONS 607.1501 & 60"	ss in Florida, if prior to registration) 7.1502, F.S., to dotermine penalty Hability)	
, 805 Third	-	w York, New York 10022	
	(Principal office	•	
805 Third		w York, New York 10022	
	(Corrent mailing	address)	
Amerikansa	id ant or notivity for which	sh compretions may be are	ranizad
Any lawi	of account to pulported in home state of	ch corporations may be org	anizeu.
	•		
). Nama and <u>stre</u>	ot address of Florida registered agent: (76 7A
Name:	National Corporate Resea	irch, Ltd., Inc.	
Office Address:	515 East Park Avenue	<u> </u>	
	Tallahassee	, Plorida 32301 (Zip code)	2007 DEC 12 SECRETARY OF TALLAHASSEE
•	(City)	(Zip cods)	mor A
io. Registered a	gent's acceptance:		FLC
		rvice of process for the above stated corpor	
		ntment as registored agent and agree to act is relative to the proper and complete perfo	
	r with and accept the obligations of my		• • •
		· · · · · · · · · · · · · · · · · · ·	
	Ann Marie Cumo	mna I	
_	(Regimered agent's signam	iro)	
	·		

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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ATR INVESTMENTS

PAGE 03

(((H07000298115 3)))

12. Names a	and business addresses of officers and/or directors:
A. DIRECT	
Chairman: 1	V/A
Address: N	/A
N	/A
Vice Chairma	n: N/A
Address: N	/A
N/	
Director: A	lan T. Rasof
Address: 2	1303 NE 38th Avenue
A	ventura, Florida 33180
Directors N	/A
Address: N	
 -	/A
B. OFFICE	RS
	lan T. Rasof
	303 NE 38th Avenue
Ã	rentura, Florida 33180
Vice Proxident	N/A
Address; N/	
N/	A
Sucretary: Al	an T. Rasof
Address: 213	303 NE 38th Avenue, Aventura. Florida 33180
Treasurer: N/	A A Aventura, Aventura, Florida, 33400
Address: N/A	33180
OTE: If neces	(Signature of Director or Officer lived in purch 144
3	attition an addendum to the application "Sting ages."
Alent	(Signature of Director and Control of State and Con
, <u>, , , , , , , , , , , , , , , , , , </u>	
	(Typed or printed name and capacity at
	(Typed or printed name and capacity of recomming application)
	(((H07000298116 a))

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Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AMIGO INSURANCE SERVICES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWELFTH DAY OF DECEMBER, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AMIGO INSURANCE SERVICES, INC." WAS INCORPORATED ON THE ELEVENTH DAY OF DECEMBER, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE

4471782 8300

071313544

You may verify this certificate online at corp.delaware.gov/authver.shtml

Varnet Smile Hinden

AUTHENTICATION: 6231479

DATE: 12-12-07

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