

N10000001919

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Alan P. Byrd GAVE
AUTHORIZATION BY PHONE TO
CORRECT *add address to*
DATE *2/24/10* *Article IX*
DOC. EXAM *MRS*

Office Use Only



700163841107

12/23/09--01018--007 **87.50

FILED
10 FEB 24 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS 2/24

11729-55718

10-16-01

TRANSMITTAL LETTER

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

SUBJECT: FLORIDA LEGAL INSURANCE PLAN 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:

ALAN P. BYRD

Name (Printed or typed)

ALAN P. BYRD, Attorney
1031 Ives Dairy Rd. #228
Miami, Florida 33179
Tel 305 655-2196 Home 305 653-1743
FBN 320579

City, State & Zip

305 655 2196

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 24, 2009

ALAN P BYRD, ATTORNEY
1030 IVES DAIRY RD
#228
MIAMI, FL 33179

SUBJECT: FLORIDA LEGAL INSURANCE PLAN INC.
Ref. Number: W09000055718

We have received your document for FLORIDA LEGAL INSURANCE PLAN INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the non profit corporation is being organized.

Articles must be listed in numeric order. You skipped Article VIII.

Please return the corrected original and one copy of 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 (850) 245-6879.

Ruby Dunlap
Regulatory Specialist II
New Filing Section

Letter Number: 809A00039181

ARTICLES OF INCORPORATION

OF

FLORIDA LEGAL INSURANCE PLAN, INC.

FILED

10 FEB 24 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

THE UNDERSIGNED, acting as incorporators of a corporation under the Florida Not for Profit Corporation Act and in accordance with the Legal Expense Insurance Act, adopt the following articles of incorporation for such corporation:

I.

The name of the corporation is: FLORIDA LEGAL INSURANCE PLAN, INC.

II.

The initial principal place of business and mailing address of this corporation shall be:
1575 Ives Dairy Road, Miami, FL 33179.

III.

The general purposes for which the corporation is organized are limited to:

- a. To provide legal services or indemnity for legal expenses to persons and groups and business reasonably related thereto.
- b. To be certified and regulated pursuant to Fla.Stat. §642.011, et.cet., and to perform such other acts not prohibited by Fla.Stat. §642.011 et.cet.
- c. To promote prepaid legal insurance and to provide access to approved plans.

IV.

The manner in which the directors and officers are elected or appointed: The members by majority vote will elect persons to the board of directors. The number of directors and the filling of vacancies will be determined by the by laws, but shall not be less than three Directors will be elected by the Directors.

V.

The names, addresses, and titles of the initial directors and officers are:

William Alexander, 5235 Connor Drive, Land O'Lakes Drive
Land O'Lakes, FL 34639

Director and Secretary

Scott Jay, 1575 Ives Dairy Road, Miami, Fl. 33179-2133
Director and Treasurer

Howard Rosenblatt, 2830 NW 41 Street, Suite I, Gainesville, Fl. 32606-6667
Director and President

VI.

The name and Florida street address of the Initial Registered Agent: Alan P. Byrd, 1031 Ives Dairy Road, Suite 228, Miami, Fl. 33179.

VII.

The event that the corporation is dissolved any assets shall be given to an entity qualifying as tax exempt under the Internal Revenue Code 501.C (3) or 501.C (4), or similar tax entity provision or to Florida Lawyers Legal Insurance Corporation.

VIII.

Qualifications for membership shall be established in the by laws; and such by laws shall be made by the Directors, but the by laws may provide for their amendment. The initial membership shall be the Directors of the Florida Lawyers Legal Insurance Corporation.

IX.

The incorporator of this corporation is Florida Lawyers Legal Insurance Corporation by its president Alan P. Byrd., 651 East Jefferson Street Tallahassee, FL 32399-2300.

X.

The registered agent is Alan P. Byrd and the registered office for the acceptance of service is 1031 Ives Dairy Road, Suite #228, Miami, Fl. 33179-2538

XI.

The articles may be amended by a majority vote of the membership at any regularly scheduled meeting or special meeting called for that purpose.

Subscribed by Florida Lawyers Legal
Insurance Corporation

By: Alan P. Byrd
Alan P. Byrd, as President

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

BEFORE ME, the undersigned authority, personally appeared ALAN P. BYRD, who provided his Florida Driver's License as identification and who subscribed the above Articles of Incorporation and did freely and voluntarily acknowledge before me according to law that he made and subscribed the same for the uses and purposes therein mentioned and set forth.

IN WITNESS WHEREOF, I have set my official seal at Miami-Dade County, Florida, this 4th day of January, 2010.

SWORN TO AND SUBSCRIBED BEFORE ME this 4th day of Febr., 2010.



Donna M. Delgado
Notary Public, State of Florida

Personally known ✓ of
Produced Identification _____
Type of Identification Produced _____

FILED
10 FEB 24 PM 3:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

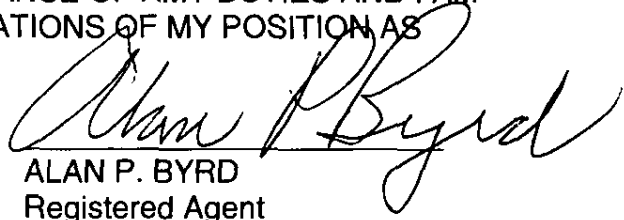
CERTIFICATE DESIGNATING PLACE OF BUSINESS
OR DOMICILE FOR THE SERVICE OF PROCESS
WITHIN THIS STATE, NAMING AGENT UPON WHOM
PROCESS MAY BE SERVED.

FILED

10 FEB 24 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

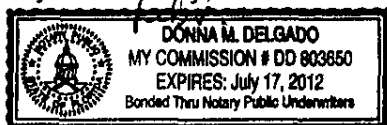
HAVING BEEN NAMED AS REGISTERED AGENT TO ACCEPT SERVICE OF
PROCESS FOR THE ABOVE-STATED CORPORATION AT THE PLACE
DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS
REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER
AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO
THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES AND I AM
FAMILIAR WITH ANY ACCEPT THE OBLIGATIONS OF MY POSITION AS
REGISTERED AGENT.

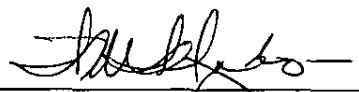

ALAN P. BYRD
Registered Agent

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

BEFORE ME, the undersigned authority, personally appeared WILLIAM
ALEXANDER who provided his Florida driver's license as identification and who
subscribed the above Articles of Incorporation of FLORIDA LEGAL INSURANCE PLAN,
INC., and did freely and voluntarily acknowledge before me according to law that he
made and subscribed the same for the uses and purposes therein mentioned and set
forth.

IN WITNESS WHEREOF, I have set my official seal at Miami-Dade County,
Florida, this 4 day of January, 2010.




Notary Public, State of Florida

Personally Known ☒ or
Produced Identification _____
Type of Identification Produced _____