

**CAPITAL CONNECTION, INC.**

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

**P00000017427**

*Cigna Automotive Insurance*

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-02/17/00--01067--008

\*\*\*\*\*70.00 \*\*\*\*\*70.00

- ☒ Art of Inc. File phot
- ☐ LTD Partnership File
- ☐ Foreign Corp. File
- ☐ L.C. File
- ☐ Fictitious Name File
- ☐ Trade/Service Mark
- ☐ Merger File
- ☐ Art. of Amend. File
- ☐ RA Resignation
- ☐ Dissolution / Withdrawal
- ☐ Annual Report / Reinstatement
- ☐ Cert. Copy
- ☒ Photo Copy
- ☐ Certificate of Good Standing
- ☐ Certificate of Status
- ☐ Certificate of Fictitious Name
- ☐ Corp Record Search
- ☐ Officer Search
- ☐ Fictitious Search
- ☐ Fictitious Owner Search
- ☐ Vehicle Search
- ☐ Driving Record
- ☐ UCC 1 or 3 File
- ☐ UCC 11 Search
- ☐ UCC 11 Retrieval
- ☐ Courier

RECEIVED  
00 FEB 17 PM 2:48  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
00 FEB 17 PM 2:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*2-18-00*

Signature \_\_\_\_\_

Requested by:

*LM*    *2/17*    *2:33*

Name

Date

Time

Walk-In

Will Pick Up

**Articles of Incorporation**

1. The name of the corporation shall be:

**CIGNA AUTOMOTIVE INC.**

2. The principal place of business and mailing address of the corporation is:

**2701 NORTH DIXIE HWY., POMPAÑO BEACH, FL 33064**

The corporation shall have the authority to issue 1,000,000 shares of stock.

4. The registered agent of the corporation is **STEVEN CIGNA**, and the registered street address is **2170 NW 44TH CT., LIGHTHOUSE POINT, FL 33064**.

5. The initial board of directors shall have 1 member whose name and address is as follows:

**STEVEN CIGNA  
2170 NE 44TH CT.  
LIGHTHOUSE POINT, FL 33064**


6. The incorporator of this corporation is **STEVEN CIGNA**, whose street address is **2170 NE 44TH CT., LIGHTHOUSE POINT, FL 33064**.

Dated 2/16/2000

  
Incorporator

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 am familiar with and accept the obligations of my position as registered agent.

Dated 2/16/2000

  
Registered Agent

**FILED**  
00 FEB 17 PM 2:50  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA