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TRANSMITTAL LETTER

THIRD  
00 MAR 20 AM 10:27

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

600003175376--1  
-03/20/00-01063-011  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: COBB INSURANCE GROUP, INC.  
(Proposed corporate name - must include suffix)

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

☐ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Steven Cohen, Esq.  
Name (Printed or typed)

9000 W. Sheridan St., Ste. 162  
Address

Pembroke Pines, FL 33024  
City, State & Zip

(954) 436-9895  
Daytime Telephone number

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

00 MAR 20 AM 10:27  
FILED  
STATE  
FLORIDA

**COBB INSURANCE GROUP, INC.**  
**A Florida Corporation for Profit**  
**A R T I C L E S   O F   I N C O R P O R A T I O N**

BY THESE 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 1   NAME**

The name of this Corporation is Cobb Insurance Group, Inc.

**ARTICLE 2   PRINCIPAL PLACE OF BUSINESS**

The initial principal place of business and mailing address of the Corporation is 9000 W. Sheridan Street, Suite 160, Pembroke Pines, FL 33024.

**ARTICLE 3   TERM**

This Corporation shall exist perpetually.

**ARTICLE 4   PURPOSE**

This Corporation may engage in any activity or business permitted under the laws of the United States and of the State of Florida.

**ARTICLE 5   CAPITAL STOCK**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is 100 shares of common stock, with a par value of \$0.10.

**ARTICLE 6   REGISTERED AGENT**

The initial registered agent for this corporation is Paul R. Cobb and the initial registered office is located at 9000 W. Sheridan Street, Suite 160, Pembroke Pines, FL 33024.

**ARTICLE 7   DIRECTORS**

This Corporation shall have one director initially. The number shall be fixed by the bylaws and may be changed from time to time.

**ARTICLE 8   BYLAWS**

The Bylaws of this Corporation may be adopted, altered, amended or repealed by either the Shareholders or Directors.

**ARTICLE 9   INDEMNIFICATION**

This Corporation shall indemnify any Officer or Director, or any former Officer or Director, to the full extent permitted by law.

**ARTICLE 10   INITIAL DIRECTORS**

The name and street address of the member of the first board of directors is:

Paul R. Cobb                      10895 S.W. 38th Drive  
Davie, FL 33328

He shall hold office until the first annual meeting of stockholders.

**ARTICLE 11 INITIAL OFFICERS**

The offices held, names, and street addresses of the initial officers are:

President	Paul R. Cobb	10895 S.W. 38th Drive Davie, FL 33328
Vice President	Paul R. Cobb	10895 S.W. 38th Drive Davie, FL 33328
Treasurer	Paul R. Cobb	10895 S.W. 38th Drive Davie, FL 33328
Secretary	Paul R. Cobb	10895 S.W. 38th Drive Davie, FL 33328

They shall hold office until the first annual meeting of directors.

**ARTICLE 12 INCORPORATORS**

The names and street address of the incorporator is:

Paul R. Cobb                      10895 S.W. 38th Drive  
Davie, FL 33328

**ARTICLE 13 AMENDMENT**

This Corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, in accordance with the provisions of the Florida Business Corporation Act.

**ARTICLE 14 EFFECTIVE DATE**

The effective date of this Corporation shall be March 21, 2000.

DATED on 3/17/00.

  
Incorporator - Paul R. Cobb

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

00 MAR 20 AM 10:27  
TALLAHASSEE, FLORIDA

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 COBB INSURANCE GROUP, INC.

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

Paul R. Cobb  
(NAME)

9000 W. Sheridan St., Ste. 160  
(P. O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Pembroke Pines, FL 33024  
(CITY/STATE/ZIP)

*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)

3/17/00  
(DATE)