P.01

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Florida Department of State

Division of Corporations
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Division of Corporations

Fax Number : (850) 922-4001

From:

Account Name : ACCOUNTING & BEYOND

Account Number : I19990000223 Phone : (813)998-9800 Fax Number : (813)998-9801 00 HAY -2 AN IO: 46

FLORIDA PROFIT CORPORATION OR P.A.

Advance Insurance, Inc. of Tampa, Inc.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$78.75

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	AID/II IOII		
The undersigned incorpo Business Corporation Ac	rator, for the purpose of formi t, hereby adopts the following t	ng a corporation under the Florida Articles of Incorporation.	2
ARTICLE I NAME		fund (m) The many of the control of	NO HAY -2 ATI
The name of the corporation	1 shall be:	المنظم ا	2
		page 2 a	
	Advance Insurance of Tampa	i, Inc.	ANIO: 46
ARTICLE II PRINCIPAL OF	EUCE	و نے اسلم وید حصر	<u> </u>
The principal place of busine	ess and mailing address of this co		1
- Committee brown or mindelly	nos and mentilia acritera di sus co	ibotation attail be:	•
	4002 W. Waters Ave.		
	Suite 5		
	Tampa, Florida 33614		
ARTICLE III SHARES The number of shares of sto One thousand (1,000).	ck that this corporation is authoriz	ed to have outstanding at any one time l	S
ARTICLE IV INITIAL REGISTANCE The name and Florida street	STERED AGENT AND STREET A t address of the initial registered a	ADDRESS gent are:	
	Wayne Brown		
	4002 W. Waters Ave., Suite 5		
	Tampa, Florida 33614		
ARTICLE V INCORPORAT The name and address of the	<u>*OR</u> e incorporator to these Articles of	Incorporation are:	
	Wayne Brown		
	4002 W. Waters Ave., Suite 5		
	Tampa, Florida 33614		
.)			
-cay	e Som	05/01/00	
Sign	ature/Incorporator	Date	 -
•	- :		
(An additi	ional article must be added if an el	fective date is requested.)	
Having been named as regis at the place designated in the act in this capacity. I further a complete performance of my registered agent.	stered agent and to accept service is certificate, I hereby accept the a agree to comply with the provision of duties, and I am familiar with and	of process for the above stated corporal of process for the above stated corporal of process for the proper and accept the obligations of my position as	tion se to si
· ")	17-19		
Stor	-el France	- 05/01/00	
Signate	ure/Registered Agent	Deta	