# Popoooo 53/68 Requester's Name RENOI OCCEUS

RENOI OCCEUS

— 1010 SO. "G" Street

Lake Worth, FL 33460

Office Use Only

## CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

•	
(Corporation Name)	(Document #) <b>6000032525168</b> -06/01/0001001012  *****43.75-*****43.75
(Corporation Name)	(Document#)
3(Corporation Name)	(Document#) 5000002525168 -05/15/0001113019 +****35.00 ******35.00
4. (Corporation Name)	(Document #)
☐ Walk in ☐ Pick up time _ ☐ Mail out ☐ Will wait	Certified Copy  Photocopy  Certificate of Status
NEW FILINGS  □ Profit □ Not for Profit □ Limited Liability □ Domestication □ Other  OTHER FILINGS □ Annual Report □ Fictitious Name	AMENDMENTS  Amendment Resignation of R.A., Officer/Directors Change of Registered Agent Dissolution/Withdrawal Merger  REGISTRATION/QUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other  W-13578
	Examiner's Initials

CR2E031(7/97)

B. REGISTER JUN 1 2000

#### ARTICLE OF INCORPORATION

The undersigned Incorporators for the purpose of forming a corporation under the Florida Business Act, hereby adopts the following Articles of corporation.

#### ARTICLE I NAME

The name of the corporation shall be: Multi-Line Independent Insurance Agency, INC.

#### ARTICLE II PRINCIPAL OFFICE.

The principal place of business and mailing address of this corporation shall be: 400 South Dixie # 6 Lake Worth, FL 33460

#### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any time is: 20

ARTICLE IV INITIAL REGISTERED AGENT

AND STREET ADDRESS

The name and address of this initial agent is; RENOI OCCEUS
1010 SO. "G" Street
Lake Worth, FL 33460

00 JUN-1 PM 2:52
SECRETARY OF STATE

# ARTICLE V INCORPORATIONS

The name and street address of the incorporators to this article of the incorporations is share;

RENOI OCCEUS, PRESIDENT; 1010 SOUTH "G" STREET LAKE WORTH, FL 33460

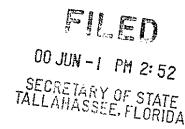
The undersigned incorporator has executed this ARTICLE of Incorporation this

13th day May 2000

SICNATURE

**ARTICLES OF THE Incorporation** 

Filling Fee \$35.00



### CERTIFICATE OF DESIGNATION OF

#### REGISTRED AGENT/ REGISTRED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 6170501, FLORIDA STATUES, 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: Multi-line Independent Insurance Agency, Inc.
- 2. The name and address of the registered and office is;

RENOI OCCEUS	
1010 SOUTH "G" STREET	
P.O. BOX not acceptable	
LAKE WORTH, FL 33460	
CITY/STATE/ ZIP CODE	

Having been name as registered agent and to accept service of process for the above stated corporation at the place designated in the certificate, I hereby accept the appointment to registered agent and agree to act in this capacity. I further agree to with the provisions of all statues relating to the proper and complete performance of my duties and I am familiar with and accept the obligation of my position as registered agent.

SIGNATURE

<u>Мау 13, дооо</u> DATE