

**P00000057816**

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

000003281696--3  
-06/08/00--01070--015  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

**SUBJECT:** Insurance Plus Enterprise, 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 of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☒ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Mr. Shlomo Fisher  
Name (Printed or typed)

18090 Collins Avenue #T-10  
Address

North Miami Beach, Fl. 33160  
City, State & Zip

(786) 514-2101  
Daytime Telephone number

FILED  
00 JUN -8 AM 8:17  
SECRETARY OF STATE  
TALLAHASSEE, FL 32314

Note: Please mail Certified copy & Certificate of Status to  
the following address: 18607 Atlantic Blvd.  
North Miami Beach, Fl. 33160

6-15  
DC

# ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

## ARTICLE I NAME

The name of the corporation shall be:

Insurance Plus Enterprise, Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

18090 Collins Avenue Suite# T-10  
North Miami Beach, Fl. 33160

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Insurance Office

## ARTICLE IV SHARES

The number of shares of stock is:

The maxium number of shares of catial stock that this Coporation is authorized to have outstanding at any time is thousand (1,000) shares of common stock, having a par value of one (\$1.00)dollar per share.

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Mr. Shlomo Fisher  
18090 Collins Avenue Suite# t-10  
North Miami Beach, Fl. 33160

## ARTICLE VI REGISTERED AGENT

The name and Florida street address registered agent is:

Mr. Shlomo Fisher  
18090 Collins Avenue Suite# T-10  
Miami, Fl. 33160

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Mr. Shlomo Fisher  
18090 Collins Avenue Suite# T-10  
North Miami Beach, Fl. 33160

\*\*\*\*\*  
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

SHLOMO FISHER Shlomo Fisher  
Signature/Registered Agent

6/5/00  
Date

Shlomo Fisher  
Signature/Incorporator

6/5/00  
Date

FILED  
00 JUN -8 AM 8:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA