

SAENZ, ROBLEDO, SAX & COMPANY, P.A.
CERTIFIED PUBLIC ACCOUNTANTS AND CONSULTANTS

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FT. LAUDERDALE OFFICE
1244 N. UNIVERSITY DRIVE
PLANTATION, FLORIDA 33322
TELEPHONE: 954 370-2727
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July 6, 2000

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122.50 **78.75

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

SUBJECT: SUN TROPIC INSURANCE SERVICE, INC.

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

Make check payable to: Secretary of State

FROM: Saenz, Robledo, Sax & Company, P.A.
8180 N.W. 36 Street, #100
Miami, FL 33166
305-477-6969

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 JUL 12 PM 12:11

FILED

EFFECTIVE DATE
08-01-00

JK 7/14
SRS

ARTICLES OF INCORPORATION

The Undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the Corporation shall be:

Sun Tropic Insurance Service, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

6791 SW 8 Street
Miami, FL 33144

ARTICLE III SHARES

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

7500

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent is:

Anthony Robledo
8180 NW 36 Street, #100
Miami, FL 33166

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

George Garcia
6791 SW 8 Street
Miami, FL 33144

ARTICLE VI EFFECTIVE DATE

The effective date of this corporation will be:

August 1, 2000

EFFECTIVE DATE

08-01-00

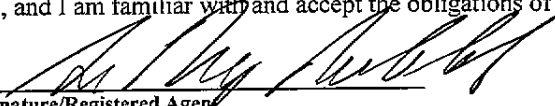


Signature/Incorporator

8-1-00

Date

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/Registered Agent

8/7/00

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 JUL 12 PM 12:11

FILED