

# P00000069594

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To: Division of Corporations  
Fax Number : (850) 922-4001

From: Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

**FLORIDA PROFIT CORPORATION OR P.A.**  
**A1A INSURANCE GROUP, INC.**

Certificate of Status	0
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B. McKnight JUL 21 2000

**ARTICLES OF INCORPORATION**  
**OF**  
**A1A INSURANCE GROUP, INC.**

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 A1A INSURANCE GROUP, INC.

**ARTICLE II: PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be 2305 NE 195<sup>th</sup> Street, Miami, FL 33180.

**ARTICLE III: CAPITAL STOCK**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is five hundred (500) shares having a par value of one dollar (\$1.00) per share.

**ARTICLE IV: PURPOSE OF CORPORATION**

This Corporation may engage or transact in any or all lawful activities or business permitted under Laws of the United States, the State of Florida, or any other state, country, territory or nation.

**ARTICLE V: INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is Mikhail Krichevsky, 2305 NE 195<sup>th</sup> Street, Miami, FL 33180.

**ARTICLE VI: INCORPORATORS**

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

Incorporator's Name  
Mikhail Krichevsky

Street Address  
2305 NE 195<sup>th</sup> Street  
Miami, FL 33180

The undersigned incorporator has executed these Articles of Incorporation this 17th day of July, 2000.

  
\_\_\_\_\_  
Mikhail Krichevsky

07/18/2000

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

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENTS IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the Corporation is **AIA INSURANCE GROUP, INC.**
2. The name and address of the registered agent and office is:

**Mikhail Krichevsky  
2305 NE 195<sup>th</sup> Street  
Miami, FL 33180**

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.

  
Mikhail Krichevsky

7/18/2000  
July 18, 2000

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