

TRANSMITTAL LETTER

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

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-08/14/00--01091--013
*****87.50 *****87.50

SUBJECT:

Pacific Auto Insurance, 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:

William Sanchez

Name (Printed or typed)

4203 stone field Dr.

Address

Orlando Fla. 32826

City, State & Zip

(407) 380-7526

Daytime Telephone number

TALLAHASSEE, FLORIDA

00 AUG 14 PM 3:06

FILED

NOTE: Please provide the original and one copy of the articles.

T. Burch AUG 21 2000

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: Pacific Auto Insurance Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: 7217 E. Colonial Drive Suite 113
Orlando, Florida 32807

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Insurance office

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

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ARTICLE VI REGISTERED AGENT

The name and Florida street address registered agent is:

4203 Stone Field Dr. ORL. FL. 32826
William Sanchez

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

William Sanchez
4203 Stonefield Dr. ORL FL. 32826

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

Signature/Registered Agent

Date

7/11/00

Signature/Incorporator

Date

7/11/00