# TRANSMITTAL LETTER COCCOCOONS / 155

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

Tallahassee, FL 3231	4			
SUBJECT: SOL	H Florida Ir (PROPOSED CORPORAT		0000055109 00000000000000000000000000000	
		<b>米沙</b>	****87.50 *****	¥87.50
Enclosed is an origina	al and one(1) copy of the article	es of incorporation and a	check for:	1
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED	
FROM	: Donna M. Name (Pr	Grun Her	<del>-</del>	
	15661 CAR	riage Ct.	SECRE TALLAH	00 SEP 20
·	DAVIE, FI	3333	TARY OF ASSEE, F	<u> </u>
	(954) 252 Daytime T	- 5688 elephone number	STATE LORIDA	ည္ <b>O</b>

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

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X4 a/20

# ARTICLES OF INCORPORATION

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<u>for</u>

# SOUTH FLORIDA INSURANCE PROCESSING SERVICES, INC

The undersigned incorporator (s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt (s) the following Articles of Incorporation.

#### ARTICLE I NAME

The name of the corporation shall be:

# SOUTH FLORIDA INSURANCE PROCESSING SERVICES, INC.

The principal place of business of this corporation shall be:

#### 15661 CARRIAGE COURT DAVIE, FL 33331

## ARTICLE II NATURE OF BUSINESS

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

# ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is:

#### **500 SHARES AT \$1.00 PAR VALUE**

### ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

# ARTICLE V OFFICERS DIRECTORS

The name (s) and street address (es) of the initial officer (s) and director (s), if any, who shall hold office the first year of corporation's existence or until their successor (s) is (are) elected, is (are):

DONNA MARIE GRUNTLER PRESIDENT 15661 CARRIAGE COURT DAVIE, FLORIDA 33331

#### ARTICLE VI INCORPORATOR (S)

The name (s) and street address (es) of the incorporator (s) to this articles of incorporation is (are):

# DONNA MARIE GRUNTLER PRESIDENT 15661 CARRIAGE COURT DAVIE, FLORIDA 33331

IN WITNESS WHEREOF, the undersigned incorporator (s) has (have) executed these Articles of Incorporation this 11 <sup>TH</sup> day of SEPTEMBER, 2000.

Signature (s) of Incorporator (s)

STATE OF FLORIDA COUNTY OF BADE BROWALD

THE FOREGOING instrument was acknowledged and sworn to before me this 11 <sup>TH</sup> day of SEPTEMBER,2000 by DONNA MARIE GRUNTLER of SOUTH FLORIDA INSURANCE PROCESSING SERVICES, INC.

Notary Public

My commission Expires:

Victoria Bryant
MY COMMISSION # CC789748 EXPIRES
November 9, 2002
BONDED THRU TROY FAIN INSURANCE, INC.

#### <u>CERTIFICATE DESIGNATING</u> <u>REGISTERED AGENT/REGISTERED OFFICE</u>

Pursuant to the provisions of section 607.325, Florida Statutes, the undesigned 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: SOUTH FLORIDA INSURANCE PROCESSING SERVICES, INC.

2. The name and address of the registered agent and office is:

DONNA MARIE GRUNTLER PRESIDENT 15661 CARRIAGE COURT DAVIE, FLORIDA 33331

SIGNATURE DOUXA Marie Aruxle

TITLE: PRESIDENT

DATE: SEPTEMBER 11, 2000

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

SIGNATURE,

DATE: SEPTEMBER 11, 2000

OO SEP 20 PM 3: 13
SECRETARY OF STATE

Marie Grunty