

Book 0913

LAZARUS CORPORATE FILING SERVICE

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MIAMI, FLORIDA (305)552-5973
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TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

500003439965-4
-10/26/00--01034--008
*****78.75 *****78.75
OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. PALMETTO INSURANCE, CORPORATION
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☒ Walk in ☒ Pick up time 2.00 ☒ Certified Copy
- ☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

RECEIVED
00 OCT 26 AM 10:25
TALLAHASSEE, FLORIDA

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED
00 OCT 26 PM 2:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Examiner's Initials

**Articles of Incorporation
of
PALMETTO INSURANCE, CORPORATION**

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00 OCT 26 PM 2:17
SECRETARY OF STATE
TALLAHASSEE FLORIDA

**I.
Name**

The name of the Corporation is PALMETTO INSURANCE, CORPORATION, hereinafter referred to as the "Corporation."

**II.
Purposes**

The purpose of the Corporation is to transact any and all lawful business for which corporations may be incorporated under the laws of the State of Florida, as they may be amended from time to time.

**III.
Principal Office and Registered Agent**

The principal office of the Corporation is 1909 W. 60TH ST., HIALEAH, Florida 33012-7504. The Corporation may maintain offices and/or transact business at other locations, either within or without the State of Florida. The name and address of the registered agent for service of process upon the Corporation is TANIA I. LIZANO, 7793 W. 15 CT., HIALEAH, Florida 33014.

**IV.
Duration**

The duration of the Corporation shall be perpetual.

**V.
Initial Business**

The initial business of the Corporation shall be:

INSURANCE AGENCY

VI.
Capital Stock

The Corporation is authorized to issue only one class of shares of stock which shall be designated Common Stock. The total number of shares the Corporation shall have authority to issue is 100, each share to have a par value of \$1.00.

VII.
Incorporators

The names and mailing addresses of the incorporators are:

<u>Incorporator Name</u>	<u>Incorporator Address</u>
JOSE M. LIZANO	7793 W. 15 CT, HIALEAH, FL. 33014
TANIA I. LIZANO	7793 W. 15 CT, HIALEAH, FL. 33014

VIII.
Directors

The number of directors constituting the initial Board of Directors of the Corporation is: Two. The name(s) and address(es) of the person(s) who is/are appointed to act as the initial director(s) of the Corporation is/are:

<u>Director Name</u>	<u>Director Address</u>
JOSE M. LIZANO	7793 W. 15 CT. HIALEAH, FL. 33014
TANIA I. LIZANO	7793 W. 15 CT. HIALEAH, FL. 33014

IX.
No Personal Liability

The private property of the stockholders shall not be subject to the payment of corporate debts.

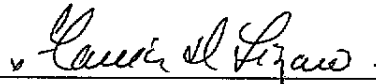
X.
Operating Provisions

The provisions for the operation, regulations, and management of the business and internal affairs of the Corporation shall be as set forth in the Bylaws, which may be amended from time to time by a majority vote of a quorum of the Board of Directors.

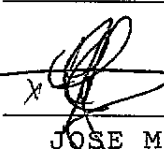
XI.
Fiscal Year

The fiscal year of the Corporation shall be from JANUARY to DECEMBER of each year.

IN WITNESS WHEREOF, we have hereunto set our hands and seals on this, the 25 day of OCTOBER, 192000.



TANIA I. LIZANO (V-PRESIDENT)


JOSE M. LIZANO (PRESIDENT)

State of FLORIDA

County of DADE

BEFORE ME, the undersigned authority, on this day personally appeared JOSE M. LIZANO, known to me to be the person described in, and whose name is subscribed to the foregoing document, who on oath stated to me that he/she executed the same for the purposes and consideration therein expressed.

SUBSCRIBED AND SWORN TO BEFORE ME this the 25 day of
OCTOBER, 19 2000



My Comm Exp. 03/24/2001
Bonded By Service Ins.
No. CC632268
((Personally Known)) Other I.D.

Omar L. Agosto

Notary Public in and for the
State of Florida

My Commission Expires:

03/24/2001

State of FLORIDA

County of DADE

BEFORE ME, the undersigned authority, on this day personally appeared TANIA L. LIZANO, known to me to be the person described in, and whose name is subscribed to the foregoing document, who on oath stated to me that he/she executed the same for the purposes and consideration therein expressed.

SUBSCRIBED AND SWORN TO BEFORE ME this the 25 day of
OCTOBER, 19 2000



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