

OFFICE USE ONLY (Document #)

# LAZARUS CORPORATE FILING SERVICE

(Requestor's Name)

3320 S.W. 87 AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip)

(Phone #)

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

200003468482

-11/17/00--01039--021

\*\*\*\*\*78.75 \*\*\*\*\*78.75

OFFICE USE ONLY

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

1. A. AND M. INSURANCE GROUP INC. (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

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 checked="" type="checkbox"/>	Foreign
<input checked="" type="checkbox"/>	Limited Partnership
<input checked="" type="checkbox"/>	Restatement
<input checked="" type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

November 17, 2000

LAZARUS

MIAMI, FL

SUBJECT: A. AND M. INSURANCE GROUP INC..  
Ref. Number: W00000027457

We have received your document for A. AND M. INSURANCE GROUP INC..  
However, the document has not been filed and is being returned for the following:

The registered agent and street address must be consistent wherever it appears  
in your document.

Please return the original and one copy of your document, along with a copy of  
this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call  
(850) 487-6934.

Loria Poole  
Corporate Specialist

Letter Number: 800A00059293

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
00 NOV 20 AM 11:00  
TO ADVISE  
SUFFICIENCY OF FILING

# ARTICLES OF INCORPORATION

of

A. AND M. INSURANCE GROUP INC.

(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

## ARTICLE I - CORPORATE NAME

The name of the corporation is:

A. AND M. INSURANCE GROUP INC.

## ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

## ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

## ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue seven thousand five hundred shares ( 7,500 ) of One Dollar(s) ( \$ 1.00 ) par value Common Stock, which shall be designated "Common Shares."

## ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:

NAME	Ann Vazquez		
ADDRESS	4172 W. 12 AVENUE		
CITY	Hialeah	FLORIDA	ZIP 33012

The principal office, if known, or the mailing address of the corporation is:

NAME	Ann Vazquez		
ADDRESS	5264 W 25 LN		
CITY	Hialeah	FLORIDA	ZIP 33016

## ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have two ( 2 ) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	Ann Vazquez		
ADDRESS	5264 W 25 LN		
CITY	HIALEAH	STATE Florida	ZIP 33016
NAME	Miriam B. Rapalo		
ADDRESS	19460 NW 59 Ave.		
CITY	Miami	STATE Florida	ZIP 33015
NAME			
ADDRESS			
CITY		STATE	ZIP

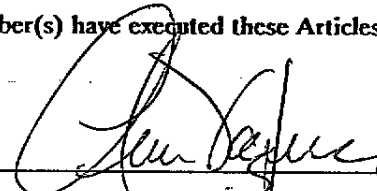
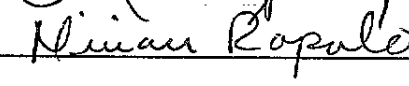
FILED  
00 NOV 20 PM 3:08  
TALLAHASSEE FLORIDA  
SECRETARY OF STATE

# **ARTICLE VII - INCORPORATORS**

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

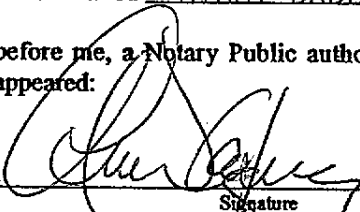

NAME	Ann vazquez		
ADDRESS	5264 W 25 LN		
CITY	Hialeah	STATE Florida	ZIP 33016
NAME	Miriam B. Rapalo		
ADDRESS	19460 NW 59 AVE		
CITY	Miami	STATE Florida	ZIP 33015
NAME			
ADDRESS			
CITY		STATE	ZIP

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 15th day of November, 2000.

 (Seal)  
 (Seal)  
 \_\_\_\_\_ (Seal)

STATE OF FLORIDA )  
COUNTY OF MIAMI-DADE ) SS

before me, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared:

  
 \_\_\_\_\_  
 Signature  
  
 \_\_\_\_\_  
 Signature

Personally known to me

Form of Identification

" " " "

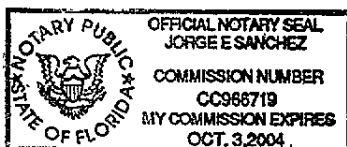
Form of Identification

Signature

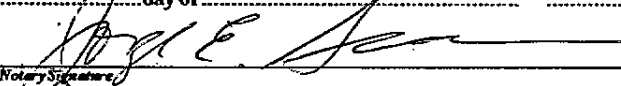
Form of Identification

known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, who acknowledged before me that they executed these Articles of Incorporation, that I relied upon the form    of identification of the above named person    as indicated opposite each name, and that an oath was not taken.

NOTARY RUBBER STAMP SEAL



Witness my hand and official seal in the County and State last aforesaid this 15th day of November, 2000

  
 \_\_\_\_\_  
 Notary Signature  
 Jorge E. Sanchez  
 Printed Notary Signature

CERTIFICATE AND ACKNOWLEDGEMENT  
OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT

OF

A. AND M. INSURANCE GROUP INC.

(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, desiring to organize under the laws of the State of Florida with  
its registered office as indicated in the Articles of Incorporation

at 4172 W 12 AVE.

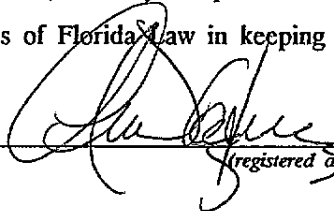
Hialeah, Florida 33012

has named Ann Vazquez

located at the aforesaid address, as its Registered Agent to accept service of process  
within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above  
stated corporation at the place designated in this certificate, and being familiar with  
the obligations of that position, I hereby accept to act in this capacity, and agree to  
comply with the provisions of Florida Law in keeping open said office.

  
(registered agent)

FILED  
00 NOV 20 PM 3:08  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA