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TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

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-12/13/00--01023--018

*****78.75 *****78.75

OFFICE USE ONLY

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

1. INSURANCE SUPPORT GROUP III CORP.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

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☒ 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 type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RECEIVED
00 DEC 13 AM 8:27
DIVISION OF CORPORATION
FILED
00 DEC 13 AM 9:08
SECRETARY OF STATE
TALLAHASSEE FLORIDA
12/13

Examiner's Initials

ARTICLES OF INCORPORATION
OF

INSURANCE SUPPORT GROUP III CORP.

FILED
00 DEC 13 AM 9:08
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

ARTICLE I: NAME

The name of the corporation shall be:

INSURANCE SUPPORT GROUP III CORP.

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1693 NW 27th AVE MIAMI FL. 33125

ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 SHARES OF \$5.00 EACH (\$500.00)

ARTICLE IV: INITIAL REGISTERED AGENT & ADDRESS

The name and address of the initial registered agent is:

JUAN C. CARVAJALINO 19067 NW 23rd CT PEMBROKE PINES FL. 33029

ARTICLE V: INCORPORATOR(S)

The name(s) and street address(es) of the incorporator (s) to these Articles of Incorporation is (are):

JUAN C. CARVAJALINO 19067 NW 23rd CT PEMBROKE PINES FL. 33029
LUIS F. VALDERRAMA 1525 MERIDIAN AVE # 109 MIAMI BEACH FL. 33139

ARTICLE VI: DIRECTOR(S)

The name(s) of the director (s) in this corporation is (are):

JUAN C. CARVAJALINO - PRESIDENT-D

19067 NW 23rd CT

PEMBROKE PINES FL. 33029

LUIS F. VALDERRAMA - VICE PRESIDENT-D

1525 MERIDIAN AVE # 109

MIAMI BEACH FL. 33139

FARLEMI VALDERRAMA - SECRETARY

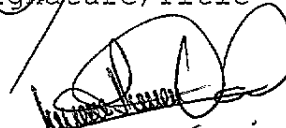
1525 MERIDIAN AVE #109

MIAMI BEACH FL. 33139

The undersigned has (have) executed these Articles of Incorporation
this 1st Day of Dec, 2000.



Signature/Title



Signature/Title



Signature/Title

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


Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned 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:

INSURANCE SUPPORT GROUP III CORP.

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

JUAN C. CARVAJALINO
19067 NW 23rd CT
PEMBROKE PINES FL. 33029

X SIGNED: 
(Corporate Officer)

TITLE: _____

DATE: _____

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 ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

X SIGNATURE: X 

DATE: _____

REGISTERED AGENT FILING FEE: \$20.00

FILED
00 DEC 13 AM 9:08
SECRETARY OF STATE
TALLAHASSEE FLORIDA