

TRANSMITTAL LETTER

**P01000010526**

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

SUBJECT: **PAYLESS INSURANCE AGENCY**  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

300003518283--8  
-01/02/01--01068--003  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

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: **HEROLD CASSEUS**  
Name (Printed or typed)

**1240 N.E 159 STREET**  
Address

**MIAMI, FL 33162**  
City, State & Zip

**(305) 948-4844**  
Daytime Telephone number

FILED  
01 JAN 29 PM 12:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

T. Burch JAN 29 2001



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

January 8, 2001

HEROLD CASSEUS  
1240 N.E. 159 STREET  
MIAMI, FL 33162

SUBJECT: PAYLESS INSURANCE AGENCY  
Ref. Number: W01000000454

We have received your document for PAYLESS INSURANCE AGENCY and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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) 487-6928.

Tim Burch  
Document Specialist

Letter Number: 001A00000912

# 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:

**PAYLESS INSURANCE AGENCY & SERVICES, INC.**

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

**615 N.E 124 STREET MIAMI, FL 33161**

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

**SELLING AFFORDABLE HOMEOWNER, HEALTH, LIFE, AUTO INSURANCE, ETC.**

## ARTICLE IV SHARES

The number of shares of stock is:

**500 SHARES @ \$250.00.**

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

**HEROLD CASSEUS, PRESIDENT 1240 N.E 159 STREET MIAMI, FL 33162**

**ALBERT SAINT JEAN, VICE-PRESIDENT 13215 N.E 12 AVE MIAMI, FL 33161**

## ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

**1240 NNE 159 STREET MIAMI, FL 33162**

**HEROLD CASSEUS**

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

**1240 N.E 159 STREET MIAMI, FL 33162**

**HEROLD CASSEUS**

\*\*\*\*\*

*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

12-27/00  
Date

  
Signature/Incorporator

12/27/00  
Date

FILED  
01 JAN 29 PM 12:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA