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TRANSMITTAL LETTER

FILED

01 MAR 27 PM 12:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

000003912160--3  
-03/27/01--01066--017  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

SELECT INSURANCE SERVICES INC.

SUBJECT: \_\_\_\_\_  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

ADDITIONAL COPY REQUIRED

FROM: RAMON FELIZ  
Name (Printed or typed)

1106 S. "L" STREET SUITE #3  
Address

LAKE WORTH, FL. 33460  
City, State & Zip

561 697 7749  
Daytime Telephone number

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

CB4-2  
W017314

**ARTICLE OF CORPORATION**

**OF**

**SELECT INSURANCE SERVICES INC.**

**ARTICLE I**

**NAME**

The name of the Corporation shall be:

**SELECT INSURANCE SERVICES INC.**

**ARTICLE II**

**PURPOSE**

This corporation is organized for the purpose of operating as  
Insurance agency any all-lawfull business

**ARTICLE III**

**INITIAL PRINCIPAL OFFICE AND REGISTERED AGENT.**

The street address of the initial principal office and registered office of this  
corporation is RAMON FELIZ. 1106 S "L" st. Suite 3. Lake Worth Fl.33460  
and the name of the initial registered agent of this corporation at the above  
address is:

**RAMON FELIZ**

**ARTICLE IV  
DIRECTORS**

This corporation shall have one (1) President and one Vice President. The number  
of Directors may be either increased or diminished from time to time by-laws but  
shall never be less than one. The name and address of the initial Directors of this  
corporation.


**RAMON FELIZ**  
President  
1106 S "L" st. Lake Worth  
Fl. 33460

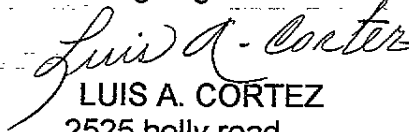
**LUIS A. CORTEZ**  
Vice President  
2525 Holly Rd.  
West Palm Bch. Fl. 33406

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**ARTICLE V**

The names and address of persons signing these articles are:

  
RAMON FELIZ  
1106 S "L" street Lake Worth  
Fl. 33460

  
LUIS A. CORTEZ  
2525 holly road  
West Palm Beach Fl. 33406

**ARTICLE VI**

**POWERS**

This corporation shall have all of the corporate powers enumerated in the Florida Corporation Act.

**ARTICLE VII**

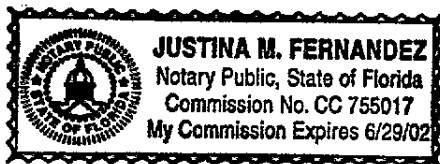
**INDEMNIFICATION**


The corporation shall indemnify any officer, directors or former officers, and formers Directors to the full extent permitted by law.

COUNTY OF PALM BEACH  
STATE OF FLORIDA

BEFORE ME. The undersigned authority, this day personally appeared RAMON FELIZ and LUIS A. CORTEZ, After being duly sworn, depose and say that the facts contained above are true and correct, and that they have executed the same for the purposes contained herein.

WITNESS my hand and official seal this march 21, 2001.



  
JUSTINA FERNANDEZ  
NOTARY PUBLIC, STATE OF FL  
COMMISSION INFORMATION

CERTIFICATE DESIGNATION PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA. NAMING AGENT UPON WHICH PROCESS MAY BE SERVED. IN COMPLIANCE WITH SECTION 48.091 FLORIDA STATUTES.  
THE FOLLOWING IS SUBMITTED:

**SELECT INSURANCE SERVICES INC.**

DESIRING TO ORGANIZE OR QUALIFY UNDER THE LAWS OF THE STATE OF FLORIDA WITH IT'S PRINCIPAL PLACE OF BUSINESS 1106 S "L" ST. SUITE No.3 LAKE WORTH. FL. 33460. COUNTY OF PALM BEACH. STATE OF FLORIDA AS ITS AGENT TO ACCEPT SERVICE OF PROCESS WITHIN THIS STATE.



CORPORATE OFFICER

PRESIDENT  
TITLE

MARCH 21, 2001.  
DATE

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATE CORPORATION. AT THE PLACE DESIGNATED IN THIS CERTIFICATE. I HEREBY AM FAMILIAR WITH AND ACCEPT THE DUTIES AND RESPOSABILITIES AS REGISTERED AGENT OF SAID CORPORATION AND I HEREBY COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF OUR DUTIES.



SIGNATURE

DATE MARCH 21, 2001

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