

TRANSMITTAL LETTER

P01000050847

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

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-05/15/01--01088--005
*****87.50 *****87.50

SUBJECT: PRIME PLUS INSURANCE AGENCY, INC.
(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 of Status
ADDITIONAL COPY REQUIRED

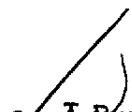
FROM: ALBERT ST. JEAN
Name (Printed or typed)
13215 N.E. 12th AVENUE
Address
MIAMI, FLORIDA 33161
City, State & Zip
(305) 891-2873
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 MAY 15 PM 3:11

FILED

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


T. Burch

MAY 22 2001

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:

PRIME PLUS INSURANCE AGENCY, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

615 N.E. 124th STREET, MIAMI, FLORIDA 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:

1000 SHARES @ \$1.00.

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

ALBERT ST. JEAN, PRESIDENT
13215 N.E. 12 AVENUE
MIAMI, FLORIDA 33161

ARTICLE VI REGISTERED AGENT

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

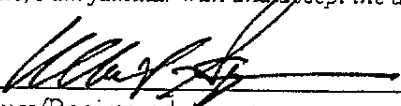
ALBERT ST. JEAN
13215 N.E. 12th AVENUE
MIAMI, FLORIDA 33161

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

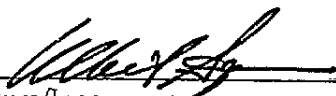
ALBERT ST. JEAN
13215 N.E. 12th AVENUE
MIAMI, FLORIDA 33161

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

5/10/01
Date



Signature/Incorporator

5/10/01
Date

FILED
01 MAY 15 PM 3:11
SECRETARY OF STATE
TALLAHASSEE FLORIDA