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TRANSMITTAL LETTER

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

400004566274--5  
-08/31/01--01068--001  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: Tiger Insurance Group, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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 + Fernandez  
Name (Printed or typed)

8000 NW 53rd Terr. #200  
Address

Miami FL 33146  
City, State & Zip

786-412-5862  
Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 AUG 31 PM 3:32

FILED

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

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# 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:

Tiger Insurance Group, Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

8600 NW 53<sup>rd</sup> Terr, #200 Miami FL 33166

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO Sell insurance.

## ARTICLE IV SHARES

The number of shares of stock is:

100

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Alex Anthony, President/Treasurer

Albert Fernandez, Vice President/Secretary

## ARTICLE VI REGISTERED AGENT

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

Albert Fernandez

8600 NW 53<sup>rd</sup> Terr. #200 Miami FL 33166

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Albert Fernandez

8600 NW 53<sup>rd</sup> Terr. #200 Miami, FL 33166

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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

Date

Signature/Incorporator

Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA