Address Teresa R. Gore Phone # - 494 Elkwood Court, Kissimmee, FL 34743

Office Use Only

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

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CR2E031(7/97)



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

May 6, 2002

TERESA R. GORE 494 ELKWOOD CT. KISSIMMEE, FL 34743

SUBJECT: APPROVED INSURANCE GROUP, INC.

Ref. Number: W02000012766

We have received your document for APPROVED INSURANCE GROUP, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date is not acceptable since it is not within five working days of the date of receipt.

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) 245-6995.

Letter Number: 602A00027796

Wanda Cunningham Document Specialist New Filing Section

ARTICLES OF INCORPORATION

OF

APPROVED INSURANCE GROUP, INC.

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

ARTICLE I NAME

The name of the corporation shall be: APPROVED INSURANCE GROUP, INC. The principal place of business of this corporation shall be: 1128 Donegan Avenue Kissimmee, FL 34744.

ARTICLE II NATURE OF BUSINESS

The corporation may engage in or transact any of or all lawful activities of business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is one thousand (1,000) at \$1.00 Par.

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

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ARTICLE V OFFICERS DIRECTORS

The names and street addresses of the initial officers and directors, if any, who shall hold office the first year of the corporation's existence or until their successors are elected, are: Diane S. Van Winkle – 494 Elkwood Court, Kissimmee, FL 34743 – Director Teresa R. Gore – 494 Elkwood Court, Kissimmee, FL 34743 – Director Sergey A. Komarov – 494 Elkwood Court, Kissimmee, FL 34743 – Officer

OCHROS MILINA

ARTICLE VI INCORPORATOR(S)

The names and street addresses of the Incorporator(S) to these articles of incorporation are: Diane S. Van Winkle – 494 Elkwood Court, Kissimmee, FL 34743

Teresa R. Gore – 494 Elkwood Court, Kissimmee, FL 34743

Sergey A. Komarov – 494 Elkwood Court, Kissimmee, FL 34743

ARTICLE V INCORPORATION EFFECTIVE DATE

The effective date of such corporation will be April 29, 2002.

IN WITNESS WHEREOF, the undersigned Incorporator(s) has (have) executed these articles of Incorporation this April 29, 2002

Signature(s) of Incorporator(s)

Diane S. Van Winkle

Teresa R. Gore

Sergey A.Komarov

STATE OF FLORIDA COUNTY OF ORANGE

THE FOREGOING instrument was acknowledged and sworn before me this 34 day of McL., 2002 by Diane S. Van Winkle, Teresa R. Gore and Sergey A. Komarov, personally known to me, or whom showed identification Incorporator(s) of APPROVED INSURANCE GROUP, INC., the newly formed corporation.

CAROLYN ROMANO
MY COMMISSION # DD 086452
EXPIRES: January 24, 2006
Bonded Thru Notary Public Underwriters

Notary Public

Cawly Renans



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.

The name of the corporation is: APPROVED INSURANCE GROUP, INC.

The name and address of the registered agent in office is: Teresa R. Gore – 494 Elkwood Court, Kissimmee, FL 34743.

Signature

Vice President

April <u>29</u>2002

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.

SIGNATURE

April<u>29</u>, 2002