## P02000083316

## TRANSMITTAL LETTER

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

**800006815958-**-3 -07/31/02--01047--022 \*\*\*\*\*\*78.75 \*\*\*\*\*\*78.75

		ginal and one (1) copy of the arti			1	
	\$70.00	<b>№</b> \$78.75	\$78.75	□ \$87.50		
i	Filing Fee	Filing Fee	Filing Fee	Filing Fee,		
		& Certificate of Status	& Certified Copy	Certified Copy		
				& Certificate of	02	
			ADDITIONAL CO	Status C		all Property of
			ADDITIONAL CO	J. I. KEQUIKE P	JUL	T.
	FROM:	MARY ANN Name	(Printed or typed)	AKY OF VSSEE	31 AM	
		8226-W.	WATERS Address	AVE. STATE	MII: 19	
		TAMPA F	-Lorida	33615		· <b>-</b> -
		City,	State & Zip			

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



In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)
ARTICLE I NAME The name of the corporation shall be: AMERICAS INSURANCE AGENCY OF TOMPA INC.
ARTICLE II PRINCIPAL OFFICE  The principal place of business/mailing address is:  8226-W. WATERS AVE.  TOMPA, FLORIDA 33615  ARTICLE III PURPOSE  The purpose for which the corporation is organized is:  INSURANCE AGENCY
ARTICLE IV SHARES The number of shares of stock is:
The name(s) address(es) and title(s):  LEO PICHARDO (VICE PRES.)  POB 1391  Oldsmar, Florida 34677
ARTICLE VI REGISTERED AGENT  The name and Florida street address of the registered agent is:  MARY ANN BARRIDS  10353-Lightner Bridge DR.  Tampa FL. 33626  ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  MARY ANN BARRIDS
10353-Lighter Bridge Dr. TAMPA FL 33626 **********************************
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

MARY ANN BARRIOS