# P0300009277

| (Requestor's Name)                      |  |  |  |  |
|---|--|--|--|--|
| (Address)                               |  |  |  |  |
| (Address)                               |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
| (Document Number)                       |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |
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Office Use Only



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# TRANSMITTAL LETTER

Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

| SUBJECT:_                      | FINANCIAL INSURANCE A (Proposed corporate name-must inc |                                      | ate at .                                 |
|--------------------------------|---|--------------------------------------|--|
| Enclosed is<br>a check for     | an original and one (1) cop                             | y of the articles of                 | incorporation and                        |
| <u>X</u> \$70.00<br>Filing Fee | Filing Fee & Certificate                                | \$122.50 Filing Fee & Certified Copy | Filing Fee, Certified Copy & Certificate |
| FROM:                          | JOSEPH A. GAMBINO, SR.<br>Name (printed or typed        | <u></u>                              |  |
|                                | 9893 CROSSBILL COURT<br>Address                         | <del></del>                          | <br>A                                    |
| _                              | LAKE WORTH, FL 33467<br>City, State & Zip               | <del></del>                          | e e e e e e e e e e e e e e e e e e e    |
|                                | (561) 967-4760<br>Daytime Telephone nu                  | mber                                 | A2                                       |

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

## ARTICLES OF INCORPORATION

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

## ARTICLE 1 NAME

The name of this corporation shall be:

FINANCIAL INSURANCE ASSOCIATES, INC.

## ARTICLE II MAILING ADDRESS

The principal business/mailing address of this corporation is:

9893 CROSSBILL COURT LAKE WORTH, FL 33467 03 JAN 17 AN 10: 43

## ARTICLE III NATURE OF BUSINESS

The general nature of the business to be transacted by this corporation is (are):

INSURANCE FINANCIAL SERVICES

#### ARTICLE IV\_SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 (ONE HUNDRED SHARES)

#### ARTICLE V INITIAL OFFICERS/DIRECTORS

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

JOSEPH A. GAMBINO, SR., PRESIDENT 9893 CROSSBILL COURT LAKE WORTH, FL 33467

#### ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

JOSEPH A. GAMBINO, SR.

9893 CROSSBILL COURT

LAKE WORTH, FL 33467

## ARTICLE VII INCORPORATOR (S)

The name(s) and street address(es) if the incorporator(s) to these Articles of Incorporation is (are):

JOSEPH A. GAMBINO, SR. 9893 CROSSBILL COURT LAKE WORTH, FL 33467

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 13<sup>TH</sup> DAY OF JANUARY, 2003.

JOSEPH A. GAMBINO, SR. Signature

Signature

Articles of Incorporation Filing Fee - \$35

## <u>CERTIFICATE OF DESIGNATION OF</u> <u>REGISTERED AGENT/REGISTERED OFFICE</u>

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.501, FLORIDA STATUES, 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.

- 1. The name of the corporation is <u>FINANCIAL INSURANCE ASSOCIATES, INC.</u>
- 2. The name and address of the registered agent and office is:

Signature) Mandon L

JOSEPH A. GAMBINO, SR.

(Name)

9893 CROSSBILL COURT

(PO Box not acceptable)

LAKE WORTH, FL 33467

(City, State, Zip)

Having been named as registered agent and to accept service of process for the above state corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Data)

DIVISION OF CORPORATIONS, PO BOX 6327, TALLAHASSEE, FL 32314