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(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Dualitess Littly Marite)					
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Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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TRANSMITTAL LETTER

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

SUBJECT: PART	NERS PREMIUM FINANC	E COMPANY		
	(PROPOSED CORPORA	TE NAME – MUST INCL	UDE SUFFIX)	
	t			
Enclosed are an orig	ginal and one (1) copy of the art	cicles of incorporation and	d a check for:	
\$70.00	2 \$78.75	□ \$78.75	\$87.50	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
	& Certificate of Status	& Certified Copy	Certified Copy	
			& Certificate of	
		Status ADDITIONAL COPY REQUIRED		
		ADDITIONAL CC	PY REQUIRED	
FROM:	JUAN FERRER			
•	Name	(Printed or typed)		
3909 N. E. 163rd STREET				
		Address		
	NO. MIAMI BEACH,			
	City	State & Zip		
	305-940-7299 Ext	2219		
, <u> </u>	Daytime 1	elephone number		•

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

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:

PARTNERS PREMIUM FINANCE COMPANY

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

3909 N. E. 163rd Street, No. Miami Beach, FL 33160

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PREMIUM FINANCE

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):

RICHARD PARRILLO, SR. - PRESIDENT 3909 N. E. 163rd Street No. Miami Beach, FL 33160

ARTICLE VI REGISTERED AGENT

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

JUAN FERRER 3909 N. E. 163rd Street No. Miami Beach, FL 33160

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

JUAN FERRER 3909 N. E. 163rd Street No. Miami Beach, FL 33160