P0300068988

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
	PICK-UP WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified	d Copies Certificates of Status
Specia	al Instructions to Filing Officer:
	Office Use Only
E	Herhert Steinberg
	UTHORIZATION BY PHONE TO
C	ORRECT CORP NAME ATE 6-33-03
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HERBCO AUDITING SERVICE INC

P O BOX 16431 PLANTATION, FLORIDA 33318

PHONE 954-791-7041 CELL 954-770-7041 FAX 954-321-3541 E MAIL hssteinberg@sprintmail.com

June 16, 2003

Florida Department of State Division of Corporation P O Box 6327 Tallahassee, Florida 32314

Gentlemen:

Enclosed find 2 Articles of Incorporation for: G & A INSURANCE, INC.

A check in the amount of \$70.00 is enclosed for costs.

Please send the completed forms to the address listed above at your earliest convenience.

Sincerely,

Herbert B. Steinberg

ARTICLES OF INCORPORATION

G & A INSURANCE, INC.

ARTICLE ONE

The name of the corporation is: G & A INSURANCE, INC.

ARTICLE TWO

The address of the corporation is: 104 Angelfish Lane,

Jupiter, Florida 33477

ARTICLE THREE

The number of shares that this corporation is authorized to have outstanding at any one time is 500. All will be common at no par.

ARTICLE FOUR

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

Giovanni A. Abbondanzio Ir.

104 Angelfish Lane

Jupiter, Florida 33477

ARTICLE FIVE

The name and address of the incorporator to these Articles of Incorporation is:

Giovanni A. Abbondanzio Jr

104 Angelfish Lane

Jupiter, Florida 33477

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ARTICLE SIX

The corporation shall be deemed to commence it's existence when filed.

ARTICLE SEVEN

The nature of the business is: Insurance Agency

ARTICLES OF INCORPORATION

G & A INSURANCE, INC.

Having been named as registered agent and to accept service of process for the above stated 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 the provisions of all statutes relating to the performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature/Registered Agent

Date

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