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(Requestor's Name)						
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Department of State
Division of Corporations
P. O. Box 6327 Tallahassee, FL 32314

SUBJ	ECT:	Signal	Insurance				
			(Proposed corporate name - must include suffix)				
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					•	,	
Enclos	sed is an origi	nal and or	e(1) copy of the	articles of	incorporation and a	check for:	
	_	_					
	S70.00	\$78		1 1	<b>25</b> 78.75	<b>□</b> \$87.50	
	Filing Fee	Filing			Filing Fee	Filing Fee,	
		& Cen	ificate of Status		& Certified Copy	Centified Copy	
				Ì		& Certificate of	
			•	1		Status	
7	ADDITI				ADDITIONAL CO	MONAL COPY REQUIRED	
1	*			<u> </u>			
	FROM	E Rich	Richard Allert				
			Name (Printed or typed)				
	540 S.W. 15 Avenue Address						
	Ft. Lauderdale, Fl. 33312 City, State & Zip						
	954-568-6090 Daytime Telephone number						

Signal Insurance Group, Inc.

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

## ARTICLES OF INCORPORATION

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

03 SEP -2 AM 3:

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<u>ARTICLE I</u> NAME

The name of the corporation shall be: Signal Insurance Group, Inc.

The principal place of business and mailing address of this corporation shall be:

2426 Wilton Drive

Wilton Manors, Fl. 33305

ARTICLE III

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

100 Shares of common stock

<u>INITIAL REGISTERED AGENT AND STREET ADDRESS</u>

The name and Florida street address of the initial registered agent are:

Richard Allert

540 S.W. 15 Avenue

Pt. Lauderdale, F1. 33312

INCORPORATOR

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

Richard Allert

540 S.W. 15 Avenue

Ft. Lauderdale, Fl. 33312

Signature/Incorporator

(An additional article must be added if an effective date is requested.)

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 proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

Signature/Registered Agent