

P030000117189

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

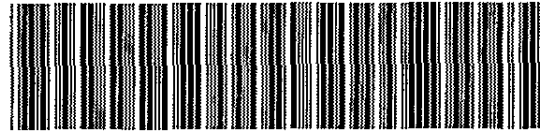
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/21/03--01086--012 **70.00

DIVISION OF REGISTRATION

03 OCT 21 AM 9:34

RECEIVED

03 OCT 21 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

10/21

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Royal Insurance Group, Inc.

Signature _____

Requested by: _____

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

- ☒ Art of Inc. File _____
- _____ LTD Partnership File _____
- _____ Foreign Corp. File _____
- _____ L.C. File _____
- _____ Fictitious Name File _____
- _____ Trade/Service Mark _____
- _____ Merger File _____
- _____ Art. of Amend. File _____
- _____ RA Resignation _____
- _____ Dissolution / Withdrawal _____
- _____ Annual Report / Reinstatement _____
- _____ Cert. Copy _____
- ☒ Photo Copy _____
- _____ Certificate of Good Standing _____
- _____ Certificate of Status _____
- _____ Certificate of Fictitious Name _____
- _____ Corp Record Search _____
- _____ Officer Search _____
- _____ Fictitious Search _____
- _____ Fictitious Owner Search _____
- _____ Vehicle Search _____
- _____ Driving Record _____
- _____ UCC 1 or 3 File _____
- _____ UCC 11 Search _____
- _____ UCC 11 Retrieval _____
- _____ Courier _____

FILED

ARTICLES OF INCORPORATION

IN COMPLIANCE WITH CHAPTER 607 AND/OR CHAPTER 621, F.S. (PROFIT)

03 OCT 21 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The Name of the corporation shall be *Royal Insurance Group, Inc*

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: *1500 University Drive
Suite 117
Coral Springs, Fl. 33071*

ARTICLE III SHARES

The number of shares of stock is: *Five Hundred Shares at one Dollar Per Value*

ARTICLE IV REGISTERED AGENT

The Name and Florida street address of the register agent is: *Daniel Scaramellino
1500 University Dr.
Suite 117*

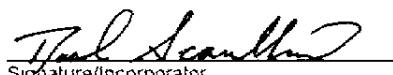
ARTICLE V INCORPORATOR

The name and address of the incorporator is *Daniel Scaramellino
1500 University Dr
Suite 117
Coral Springs, Fl. 33071*

Having benn named as registered agent to accept service of procee 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

10-17-03
Date


Signature/Incorporator

10-17-03
Date