

P03000140574

(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:

Office Use Only



900024802509

11/18/03--01069--002 \*\*87.50

SECRET  
CALL ANYONE  
OR IND

03NOV 18 PM 1:51

F11 570

## TRANSMITTAL LETTER

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

**SUBJECT:** 1ST US INSURANCE COMPANY OF FLORIDA, INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☒ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

**FROM:** MARIAN B. KANE

Name (Printed or typed)

PO BOX 379024

Address

LAS VEGAS NEVADA 89137

City, State & Zip

TELEPHONE NUMBER 702-233-1703

Daytime Telephone 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:

1ST US INSURANCE COMPANY OF FLORIDA, INC.

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

801 INTERNATIONAL PARKWAY  
5TH FLOOR, ORLANDO, FLORIDA 32747

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

TO ENGAGE IN ANY LAWFUL ACTIVITY

### **ARTICLE IV SHARES**

The number of shares of stock is:

25,000

### **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

MATTHEW JENNINGS, DIRECTOR  
PO BOX 379024, LAS VEGAS, NEVADA 89137

### **ARTICLE VI REGISTERED AGENT**

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

PAUL BUERKLIN  
437 LOS ALTOS WAY, SUITE 103, ALTAMONTE SPRINGS, FLORIDA 32714

### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

MARIAN B. KANE  
PO BOX 379024 LAS VEGAS NEVADA 89137

\*\*\*\*\*  
*Having been named as registered agent to accept service of process 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*

Paul J. Buerklin  
Signature/Registered Agent

11.14.2003  
Date

Marian B. Kane  
Signature/Incorporator

11.14.2003  
Date

**FILED**  
03 NOV 18 PM 1:51  
SECRETARY OF STATE  
TALLAHASSEE - FLORIDA