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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : YOUR CAPITAL CONNECTION, INC.

Account Number : 120000000257 : (850)224-8870 Fax Number

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### FLORIDA PROFIT CORPORATION OR P.A.

JM INSURANCE AGENCY, DIC.

| Certificate of Status | 0      |
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CAPITAL CONNECTION

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# ARTICLES OF INCORPORATION

# O4 MAY 25 AM 8: 22 SECONCIAGE OF CIAIL TALLAHASSEE, FLORIDA

#### OF

# JM INSURANCE AGENCY, INC.

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

#### ARTICLE I: NAME

The name of the corporation is JM INSURANCE AGENCY, INC.

## ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation 10930 Pembroke Road, Miramar, FL 33025.

## ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one-thousand (1,000) shares having a par value of one-dollar (\$1.00).

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#### ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is Jesus Martinez, 10930 Pembroke Road, Miramar, FL 33025.

#### ARTICLE V: INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

#### ARTICLE VI: OFFICERS AND DIRECTORS

The name and address of Initial director of the corporation is President, Jesus Martinez, VP, Delilah Martinez, 10930 Pembroke Road, Miramar, FL 33025.

The undersigned has executed these Articles of Incorporation this 25th day of May 2004. "Capital Connection, Inc. by, Leilani White, Client Representative"

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04 MAY 25 AM 8: 22 SECRETARY OF STATE TALLAHASSEE, FLORID

# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned corporation, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

| I. The name of the co | poration is: JM Insurance Agency Inc. |   |
|-----------------------|---------------------------------------|---|
|                       |                                       |   |
|                       | ·                                     |   |
| 2. The name and stre  | and office is: Jesus Markine          | 7 |
|                       | 10930 Pembroke Road                   | - |
|                       | Misamar, FL 33025                     |   |

ITAVE 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.

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