

P04000157524

E Enriquez
5290 west 21st
Suite #403
Miami FL 33016

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

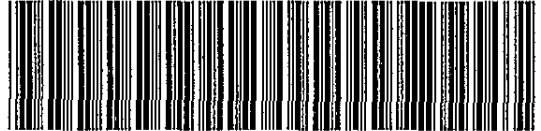
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/15/04--01016--014 **78.75

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State of Florida
Dept of Corporations
P.O. Box 6327
Tallahassee, FL 32314

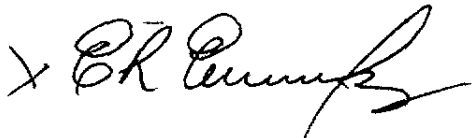
Sirs:

Find attached an application for Registration of Corporation of: **ATLANTIS HOME & HEALTH INSURANCE INC.** Find enclosed payment of:

Filing Fees	\$ 35.00
Registered Agent Designation	\$ 35.00
Certified Copy	\$ 8.75
TOTAL	\$ 78.75

Please remit the Certified Copy to the address of record.

Thank You

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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:
ATLANTIS HOME & HEALTH INSURANCE INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:
5290 WEST 21ST COURT. SUITE 403, HIALEAH, FL 33016

ARTICLE III PURPOSE

The pourpose for which the corporation is organized is:
DIVERSIFIED SERVICES

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS/DIRECTORS

The name(s) and address(es):
EDGAR R. ENRIQUEZ (PRESIDENT)
MAYDE ENRIQUEZ (VICE PRESIDENT)
5290 W 21 COURT, #403, HIALEAH, FL 33016

ARTICLE VI TERM OF EXISTENCE

This corporation will exist perpetually

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:
EDGAR R. ENRIQUEZ; 5290 W 21 COURT, HIALEAH, FL 33016

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:
EDGAR ENRIQUEZ;
5290 W. 21 CT., HIALEAH, FL 33016

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

Ed Enriquez 11/15/04
Signature/Registered Agent Date

Ed Enriquez 11/15/04
Signature/Incorporator Date