

POS0000026925

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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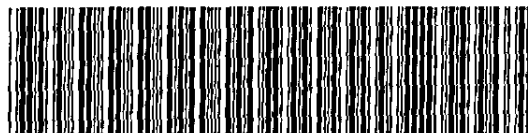
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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7/1/2005

TRANSMITTAL LETTER

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

SUBJECT: ACR Insurance Group, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Alexandra Cesare Rodriguez

Name (Printed or typed)

1249 NW 159 Ave.

Address

Pembroke Pines, FL 33028

City, State & Zip

305-613-8058

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:

ACR Insurance Group, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

11362 Miramar Parkway
Miramar, FL 33025

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
for a "Professional Corporation" to sell insurance and financial products.

ARTICLE IV SHARES

The number of shares of stock is:
500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Alexandra Cesare Rodriguez
1249 NW 159 Ave.
Pembroke Pines, FL 33028
President

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

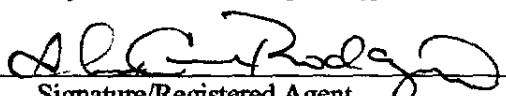
Alexandra Cesare Rodriguez
1249 NW 159 Ave.
Pembroke Pines, FL 33028

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Alexandra Cesare Rodriguez
1249 NW 159 Ave.
Pembroke Pines, FL 33028

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


Signature/Registered Agent

2/10/05
Date


Signature/Incorporator

2/10/05
Date

FILED
05 FEB 14 PM 3:36
SECRETARY OF STATE
TALLAHASSEE FLORIDA