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SECRETARY OF STATE
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C.J.10-16

### HERBCO AUDITING SERVICE, INC 7041 SOUTHWEST 11 STREET PLANTATION, FLORIDA 33317-4113

PHONE 954-791-7041 FAX 954-321-3541 CELL 954-770-7041

E MAIL <u>hssteinberg@sprintmail.com</u>

October 11, 2006

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

#### Gentlemen:

Enclosed find 2 Articles of Incorporation for: "ABLE ASSURANCE AGENCY, INC"

A check in the amount of \$70.00 is enclosed for costs.

Please send the completed forms to the address listed above at your earliest convenience.

Sincerely,

Herbert B. Steinberg For The Firm

#### ARTICLES OF INCORPORATION

"ABLE ASSURANCE AGENCY, INC"

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE ONE

The name of the corporation is: ABLE ASSURANCE AGENCY, INC

**ARTICLE TWO** 

The address of the corporation is: 8350 Northwest 23 Street

Miramar, Florida 33024

**ARTICLE THREE** 

The number of shares that this corporation is authorized to have outstanding at any one time is 500. All will be common at no par.

ARTICLE FOUR

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

Michele Weisberg

8350 Northwest 23 Street

Miramar, Florida 33024

#### **ARTICLE FIVE**

The name and address of the incorporator to these Articles of Incorporation is:

Michele Weisberg

8350 Northwest 23 Street

Miramar, Florida 33024

Mesh b Windey
Signature/Incorporator

/o-//- 0 b Date

**ARTICLE SIX** 

The corporation shall be deemed to commence it's existence when filed.

ARTICLE SEVEN

The nature of the business is: Insurance Agency

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

## ARTICLES OF INCORPORATION "ABLE ASSURANCE AGENCY, INC"

Having 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 performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Muchal Use by Signature/Registered Agent

/0-/1-06 Date