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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

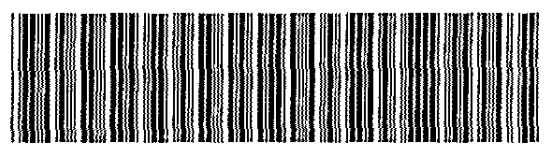
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Landmark One Insurance Company
(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: Sandy P. Fay
Name (Printed or typed)
Colodny, Fass, Talenfeld, Karlinsky & Abate, P.A.
100 SE 3rd Ave., 23rd Floor
Address
Fort Lauderdale, FL 33394
City, State & Zip
(954) 492-4010
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

APPROVED

OCT 10 2007

**ARTICLES OF INCORPORATION
OF
LANDMARK ONE INSURANCE COMPANY**

Booked by: 

The undersigned incorporators to these Articles of Incorporation, natural persons over the age of eighteen (18) years, competent to contract and the majority of whom are citizens of the United State of America, hereby form a stock insurance corporation in accordance with Chapter 628, Florida Statutes, and other pertinent provisions of the Florida Insurance Code.

**ARTICLE I
NAME**

The name of the corporation shall be LANDMARK ONE INSURANCE COMPANY. The principal place of business of this corporation shall be 7200 Corporate Center Drive, Suite 505, Miami, Miami-Dade County, Florida 33126 or as the Board of Directors shall determine from time-to-time.

**ARTICLE II
NATURE OF THE BUSINESS**

The purpose of this corporation is to engage in the business of property and casualty insurance, and to conduct any and all lawful business incidental thereto as permitted under the laws of the State of Florida.

**ARTICLE III
CAPITAL STOCK**

The corporation is authorized to issue one class of stock designated as common stock. The maximum number of shares which this corporation is authorized to issue is 1,000,000 shares of common stock having a par value of \$1.00 per share. The corporation shall not commence transacting business until such time as the aggregate of its paid in capital and surplus as to policyholders totals at least Nine million dollars (\$9,000,000).

All shares of the Corporation shall be sold for lawful money of the United States or equivalent United States Government Securities; provided, however, the consideration received as surplus for any shares may also consist of any type of securities in which this Corporation would be permitted to invest under the Florida Insurance Code.

**ARTICLE IV
TERM OF EXISTENCE**

This Corporation shall exist perpetually.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**ARTICLE V
REGISTERED OFFICE AND AGENT**

The initial registered office of this corporation shall be 7200 Corporate Center Drive, Suite 505 Miami, Miami-Dade County, Florida 33126, and the initial registered agent at such office shall be Maria L. DiGiorgio, Esq., who upon accepting this designation agrees to comply with the provisions of Section 48.091, Florida Statutes, as amended from time-to-time, with respect to keeping an office open to receive service of process from the Florida Department of Financial Services, Office of Insurance Regulation.

**ARTICLE VI
BOARD OF DIRECTORS**

SECTION 1. The corporation shall have five (5) directors initially and never less than five (5) directors, all of whom are United States Citizens and all of whom are over the age of 18. The terms of office of the initial directors shall be for not more than one year after the date of incorporation of the corporation. The name and residence street addresses of the directors whose initial term of office shall be for one year are:

Alexander Anthony
1131 Oriole Avenue
Miami Springs, FL 33166

Albert Fernandez
15782 SW 91st Street
Miami, Florida 33196

Wayne Fletcher
1163 Peregrine Way
Weston, Florida 33327

Juan Carlos Miguelez
10410 SW 128th Place
Miami, Florida

Maria L. DiGiorgio, Esq.
1798 SW 19th Street
Miami, Florida 33145

SECTION 2. All corporate powers shall be exercised by or under the authority of the directors and the business and affairs of the Corporation shall be managed and administered pursuant to the policies adopted by the directors.

SECTION 3. The qualification, election and tenure of the directors shall be provided for in the Bylaws.

**ARTICLE VII
INCORPORATORS**

This corporation shall have five (5) incorporators, who are United States Citizens and who are over the age of eighteen. The name and residence address of each incorporator is:

Alexander Anthony
1131 Oriole Avenue
Miami Springs, FL 33166

Albert Fernandez
15782 SW 91st Street
Miami, Florida 33196

Wayne Fletcher
1163 Peregrine Way
Weston, Florida 33327

Juan Carlos Miguelez
10410 SW 128th Place
Miami, Florida

Maria L. DiGiorgio, Esq.
1798 SW 19th Street
Miami, Florida 33126

**ARTICLE VIII
AMENDMENT**

This corporation reserves the right to amend or repeal any provision contained in these Articles of Incorporation, or any amendment made thereto, provided such action does not violate or contravene Florida law.

IN WITNESS WHEREOF, the Corporation has caused the incorporators to execute these Article of Incorporation this 13th day of September, 2007.

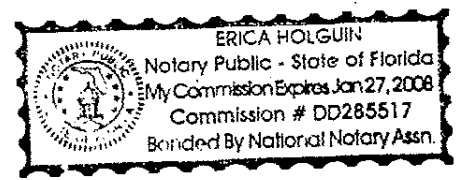
Alexander Anthony
Alexander Anthony

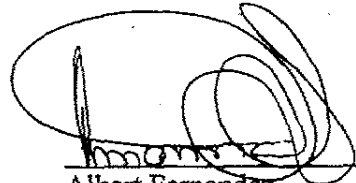
STATE OF FL
COUNTY OF Dade

The foregoing instrument was acknowledged before me this 13th day of September, 2007, by **Alexander David Anthony, Incorporator**, who is personally known to me or who produced a valid Florida Drivers License as identification.

Erica Holguin
NOTARY PUBLIC

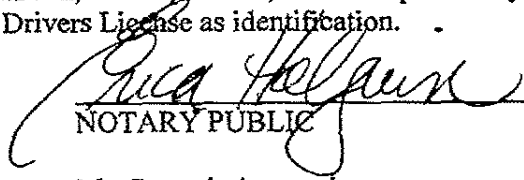
My Commission expires:



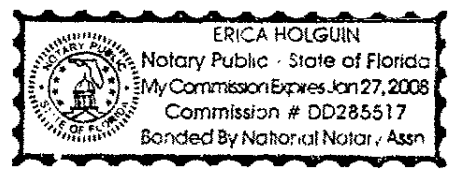

Albert Fernandez

STATE OF FL
COUNTY OF Dade

The foregoing instrument was acknowledged before me this 13th day of September, 2007, by **Albert Fernandez, Incorporator**, who is personally known to me or who produced a valid Florida Drivers License as identification.


NOTARY PUBLIC

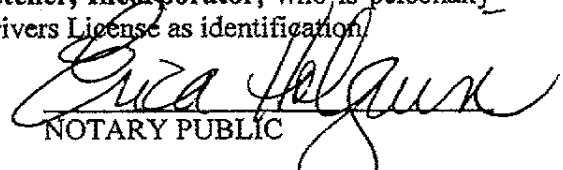
My Commission expires:




Wayne Fletcher

STATE OF FL
COUNTY OF Dade

The foregoing instrument was acknowledged before me this 13th day of September, 2007, by **Wayne Allen Fletcher, Incorporator**, who is personally known to me or who produced a valid Florida Drivers License as identification.


NOTARY PUBLIC

My Commission expires:

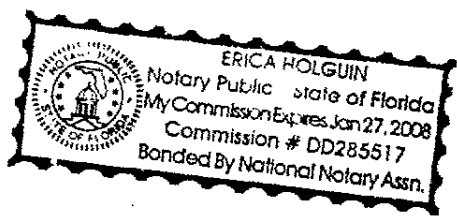
JCM
Juan Carlos Miguelez


STATE OF *FL*
COUNTY OF *Dade*

The foregoing instrument was acknowledged before me this *12th* day of *September*, 2007, by **Juan Carlos Miguelez, Incorporator**, who is personally known to me or who produced a valid Florida Drivers License as identification.

Erica Holguin
NOTARY PUBLIC

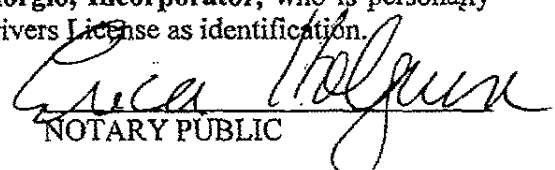
My Commission expires:



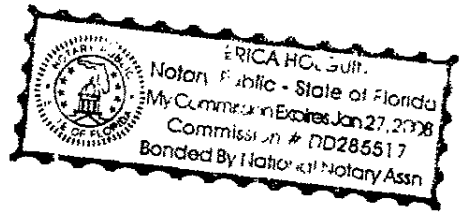

Maria L. DiGiorgio, Esq.

STATE OF FL
COUNTY OF Dade

The foregoing instrument was acknowledged before me this 13th day of September, 2007, by **Maria Lisa DiGiorgio, Incorporator**, who is personally known to me or who produced a valid Florida Drivers License as identification.


NOTARY PUBLIC

My Commission expires:

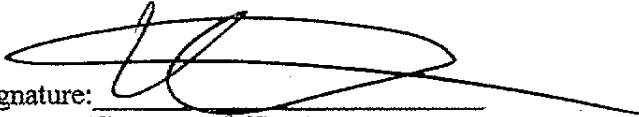


FLORIDA DEPARTMENT OF FINANCIAL SERVICES
CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 624.422, Florida Statutes, the undersigned 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.

1. The name of the corporation is: Landmark One Insurance Company
2. The name and address of the registered agent and office is:

Maria L. DiGiorgio
7200 Corporate Center Dr.
Suite 505
Miami, Florida 33126

Signature: 

(Corporate Officer)

Title: General Counsel/Secretary

Date: 9-13-07

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 624.422, FLORIDA STATUTES.

Signature: 

Date: 9-13-07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FILED