

### Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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# FLORIDA PROFIT/NON PROFIT CORPORATION ONEPOINT MARKETING INSURANCE, INC

Certificate of Status	0
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ON 3 240 12 3/23/2012 2:49 PM Mar. 23. 2012 12:56PM

Christie Carrasquillo-Provider

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#### ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

#### ARTICLE I - NAME

The name of the corporation shall be:

#### ONEPOINT MARKETING INSURANCE, INC

#### ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

6355 N.W. 36<sup>th</sup> St. Suite # 509 Miami, FL 33166

#### ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

## ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Christle Carrasquillo 6355 N.W. 36<sup>th</sup> St. Suite # 509 Miami, FL 33166

#### ARTICLE V - INCORPORATOR

Mar. 23. 2012 12:56PM

Christie Carrasquillo-Provider

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

Christie Carrasquillo 6355 N.W. 36<sup>th</sup> St. Suite # 509 Miaml, FL 33166

The undersigned incorporator has executed these Articles of Incorporation this 13th day of March 2012.

#### **ARTICLE VI-DIRECTOR (S)**

The name(s) and street address (es) of the director(s) to these Articles of Incorporation is (are):

Christie Carrasquillo 6355 N.W. 36th St. Suite # 509 Miami, FL 33166

### <u>CERTIFICATE OF DESIGNATION OF REGISTERED AGENT</u> <u>REGISTERED OFFICE</u>

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature