5/17/12

Division of Corporations

# Florida Department of State

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# FLORIDA PROFIT/NON PROFIT CORPORATION Martinez S. Insurance Agency Inc.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

J. Shivers MAY 18 700

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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:

Martinez S. Insurance Agency Inc.

ARTICLE II PRINCIPAL OFFICE

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

937 Belvedere Road West Palm Beach, FL 33405

#### ARTICLE III SHARES

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

1,000 Shares at No Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Lourdes S. Martinez 1861 NW S. River Drive, Apt. 1708 Miami, FL 33125

Prepared By: Bruce B. Hubbard 77 East John St. Hicksyllie, New York 11801 1-516-935-3940

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## ARTICLE V INITIAL OFFICER(S)/DIRECTOR(S)

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

Lourdes S. Martinez - President/Director 1861 NW S. River Drive, Apt. 1706, Miami, FL 33125

Marco A. Martinez 1861 NW S. River Drive, Apt. 1706, Miami, FL 33125

## ARTICLE VI INCORPORATOR(\$)

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

Lourdes S. Martinez 1861 NW S. River Drive, Apt. 1706, Miami, FL 33125

Marco A. Martinez 1861 NW S. River Drive, Apt. 1706, Miami, FL 33125

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

16th day of May 20 12

Marco A. Martinez

Signature

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# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:	Martinez S. Insurance Agency Inc.
2. The name and address of the register	red avent and office is:
<b>3</b>	
	Lourdes S. Martinez
	Name
	1861 NW S. River Drive, Apt. 1706
	(F.O. Box or Mail Drop Bux NOT Auceptable)
	Mlami, FL 33125
	(City / State / Zlp)

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 the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.

05/18/2012 (Date)