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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : HUBCO

Account Number: 104662003400

Phone

: (516)935-3940

Fax Number

: (800) 293-4075

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:	ym@dessiinsurance.com

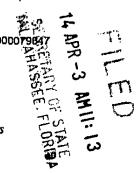
# FLORIDA PROFIT/NON PROFIT CORPORATION

#### Dessi Insurance Inc.

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

### 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:

Dessi insurance inc.

#### ARTICLE II PRINCIPAL OFFICE

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

4820 Kerry Forest Parkway Tallahassee, FL 32309

#### ARTICLE III SHARES

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

100 Shares at No Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Jim Dessi 4820 Kerry Forest Parkway Tallahassee, FL 32309

Prepared By: Bruce B. Hubbard 77 East John St. Hicksville, New York 11801 1-518-935-3940

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

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

Jim Dessi - President/Director 4820 Kerry Forest Parkway, Taliahassee, FL 32309



# ARTICLE VI INCORPORATOR(S)

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

Jim Dessi 4820 Kerry Forest Parkway, Tallahassee, FL 32309

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

2nd day of April 20 14

Jim Dessi Signature

H14000079647

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LA WS 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: Dessi Insurance Inc.			
2. The name and address of the registered agent and office is:	SEERE TAR	14 APR -3	
Jim Dessi	E CH	2	Π
Name	FS		
4820 Kerry Forest Parkway  (P.O. Box or Mail Drop Box NOT Acceptable)	TATE ORIBA	: <u>:</u> 3	
Tallahassee, FL 32309			
(City / State / Zip)			
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.