

02-09-15 11:33AM

Division of Corporations

P/500000-13445

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : GM FINANCIAL GROUP
Account Number : I19980000102
Phone : (954) 428-8899
Fax Number : (954) 428-6699

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

FLORIDA PROFIT/NON PROFIT CORPORATION
MAJOR INSURANCE, INC.

Certificate of Status	0
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Corporate Filing Menu

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TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: MAJOR INSURANCE, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

2300 NW CORPORATE BLVD #215

BOCA RATON, FL 33431

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LEGAL - INSURANCE

ARTICLE IV SHARES 1000

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MATTHEW MAJOR, PRES.

Address: 2300 NW CORPORATE BLVD #215

BOCA RATON, FL 33431

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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TALLAHASSEE, FLORIDA

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Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: MATTHEW MAJOR
Address: 2300 NW CORPORATE BLVD #215
BOCA RATON, FL 33431

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MATTHEW MAJOR
Address: 2300 NW CORPORATE BLVD #215
BOCA RATON, FL 33431

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

[Signature]
Required Signature/Registered Agent

2/9/15
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

[Signature]
Required Signature/Incorporator

2/9/15
Date

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