

Division of Corporations

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Florida Department of State
Division of Corporations
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Email Address: jeancharlescpc@gmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION
COUNTY INSURANCE GROUP INC.

Certificate of Status	1
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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:

COUNTY INSURANCE GROUP INC.

ARTICLE II PRINCIPAL OFFICE

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

11729 SW 92nd Lane
Miami, FL 33186

ARTICLE III SHARES

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

1500 Shares at no par value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Donovan McBean
11729 SW 92nd Lane
Miami, FL 33186

FILED
15 OCT 21 AM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Prepared By:
Bruce B. Hubbard
77 East John St.
Hicksville, 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):

Donovan McBean - President/Director
11729 SW 92nd Lane
Miami, FL 33186

ARTICLE VI INCORPORATOR(S)

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

Donovan McBean
11729 SW 92nd Lane, Miami, FL 33186

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

19th day of October 2015



Donovan McBean
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 LA WS OF THE ST ATE OF
FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNA TING THE
REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: COUNTY INSURANCE GROUP INC.

2. The name and address of the registered agent and office is:

Donovan McBean

Name

11729 SW 92nd Lane

(P.O. Box or Mail Drop Box NOT Acceptable)

Miami, FL 33186

(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.



Donovan McBean

SIGNATURE

October 19, 2015

(Date)

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