

P9500015695

- MARICENE AL GOMER
- 40 NW 32 AVE
- M.N. FL 33125
(City, State, Zip) (Phone #)

FILED STATE
SECRETARY OF CORPORATIONS
25 FEB 26 AM 9:41

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

400001405054
-02/14/95--01017--019
***122.50 ***122.50

1. New Generation Insurance Group, Inc.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

W95-3445

789
615
206
671



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

February 15, 1995

MARLENE M. GOMEZ
40 N.W. 32ND AVE.
MIAMI, FL 33125

SUBJECT: NEW GENERATION INSURANCE GROUP, INC.
Ref. Number: W95000003445

We have received your document for NEW GENERATION INSURANCE GROUP, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation"); and the registered agent's signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6931.

Steven Godfrey
Corporate Specialist

Letter Number: 595A00006718

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 24 AM 9:41

ARTICLE OF INCORPORATION:
OF

"NEW GENERATION INSURANCE GROUP, INC."

The undersigned, acting as incorporators of a corporation under the Florida General Corporation Act, adopts the following Articles of Incorporation for such Corporation.

ARTICLE I

The name of this Corporation shall be:
New Generation Insurance Group, Inc.

ARTICLE II

This Corporation shall commence its existence on the date of filing and shall exist perpetually thereafter unless or until sooner dissolved according to Law.

ARTICLE III

The purpose of this Corporation is to engage in the business of marketing and providing all services and support systems related to the insurance business permitted under the laws of the United States and the State of Florida.

ARTICLE IV

The Corporation shall be authorized to issue One Thousand(1,000) shares of all one class at no par value.

ARTICLE V

Every shareholder, upon the sale for cash of any outstanding share of stock or upon the issuance of any new common stock of this corporation, shall have the right to purchase their pro rate share (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

ARTICLE VI

The initial street address of the principal office of this Corporation within the State of Florida is as follows:

110 Ponce De Leon Boulevard
Coral Gables, Florida 33135

ARTICLE VII

The initial Registered Agent of this Corporation is as follows:

Marlene M. Gomez
110 Ponce De Leon Boulevard
Coral Gables, Florida 33135

ARTICLE VIII

The name and address of the Incorporator signing these Articles of Incorporation is:

NAME
Marlene M. Gomez

ADDRESS
110 Ponce De Leon Boulevard
Coral Gables, Florida 33135

ARTICLE IX

This Corporation shall have One Director initially, who name and address is as follows:

NAME
Marlene M. Gomez

ADDRESS
110 Ponce De Leon Boulevard
Coral Gables, Florida 33135

The number of Directors may be either increased or decreased from time to time by an amendment of the By-Laws of the Corporation in the manner provided by law, but shall never be less than one.

ARTICLE X

The power to adopt, alter, amend or repeal the By-Laws of this Corporation shall be vested in the Board of Directors and shall be by majority vote.

ARTICLE XI

The Corporation shall indemnify any officer or Director, or any former officer or Director, to the full extent permitted by law.

ARTICLE XII

If all the Directors severally or collectively consent in writing to any action taken or to be taken by the Corporation and the writings evidencing their consent are filed with the Secretary of the Corporation, the action shall be as valid as though it had been authorized at a meeting of the Board of Directors.

REGISTERED AGENT CERTIFICATE

In compliance with Section 607.0501, Florida Statutes, the following is submitted:

That NEW GENERATION INSURANCE GROUP, INC., desiring to organize or qualify under the laws of the State of Florida, with its principal place of business in the City of Miami, County of Dade, State of Florida, has named Marlene M. Gomez, located at 110 Ponce de Leon Boulevard, City of Miami, County of Dade, State of Florida, as its registered agent to accept service of process within Florida.

ACKNOWLEDGEMENT

Having been named to accept service of process for the above stated Corporation, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature: _____

Marlene M. Gomez

Date: 12/21/85

REC
CORPORATION DIV
55 FEB 24 AM 9:41

MORAIMA FEAL, P.A.

ATTORNEY AT LAW
1582 S.W. 40 STREET, SUITE 1
MIAMI, FLORIDA 33135

Telephone (305) 223-6000
Fax (305) 223-6022

995000015695

March 23, 1995

300001441263
-03/28/95--01052--013
*****35.00 *****35.00

Florida Department of State
Division of Corporations
Amendment Section
P.O. Box 6327
Tallahassee, Florida 32314

FILED
95 APR 27 PM 2:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Gentlemen:

Enclosed please find the Articles of Amendment to the Articles of Incorporation of New Generation Insurance Group, Inc.

If you have any questions regarding this matter, please do not hesitate to contact the undersigned.

Very truly yours,


Moraima Feal

cc: Marlene M. Gomez
MF/amv

OK
995000015695



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

March 31, 1995

MORAIMA FEAL, P.A.
9582 S.W. 40 STREET, SUITE 6
MIAMI, FL 33165

SUBJECT: NEW GENERATION INSURANCE GROUP, INC.
Ref. Number: P95000015695

We have received your document for NEW GENERATION INSURANCE GROUP, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Amendments for Florida profit corporations are filed in compliance with section 607.1006, Florida Statutes. Please see the enclosed information.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6916.

Carol Mustain
Corporate Specialist

Letter Number: 495A00014714

*Carol
4-27-95*

RECEIVED
95 APR 26 AM 8:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF**

NEW GENERATION INSURANCE GROUP, INC.

(present name)

Pursuant to the provisions of section 607.1006, Florida Statutes, this corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: Amendment(s) adopted: (indicate article number(s) being amended, added or deleted)

ARTICLE IX, to read as follows:

The Corporation shall have two Directors:

Marlene M. Gomez and Lourdes Caballero, whose address is
110 Ponce De Leon Boulevard, Coral Gables, Florida 33135

FILED
25 APR 27 PM 2:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECOND: If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:

THIRD: , The date of each amendment's adoption: March 23, 1995 . . .

FOURTH: Adoption of Amendment(s) (CHECK ONE)

☐ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups.

The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval by _____ voting group."

☒ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signed this day 24th of April, 1995.

Signature

Marlene M. Gomez
(By the Chairman or Vice Chairman of the Board of Directors, President or other officer if adopted by the shareholder)

OR

(By a director if adopted by the directors)

OR

(By an incorporator if adopted by the incorporators)

MARLENE M. GOMEZ

Typed or printed name

President

Title

P95000015695

DEPT. MEMORANDUM

FOR OFFICIAL USE

TO :
DEPARTMENT OF STATE

DATE

NUMBER

02/22/95

02755

STATE OF FLORIDA
OFFICE OF STATE TREASURER
TALLAHASSEE FLORIDA

FUND	AMOUNT	REASON RETURNED	KEY #
GENERAL REVENUE	0.00	INSUFFICIENT FUNDS	1
TRUST	1,106.25	ACCOUNT CLOSED	2
OTHER		UNCOLLECTED FUNDS	3
TOTAL	1,106.25	OTHER	4

CROSS
REF

DISTRIBUTION
SAMAS CODE

REASON

AMOUNT

12	45-20-2-130001-45300000-00-000100-00	1	60.00
12	45-20-2-130001-45300000-00-000100-00	3	78.75
12	45-20-2-130001-45300000-00-000100-00	4	87.50
12	45-20-2-130001-45300000-00-000100-00	2	100.00
12	45-20-2-130001-45300000-00-000100-00	2	100.00
12	45-20-2-130001-45300000-00-000100-00	2	100.00
12	45-20-2-130001-45300000-00-000100-00	2	122.50
12	45-20-2-130001-45300000-00-000100-00	1	122.50
12	45-20-2-130001-45300000-00-000100-00	1	135.00
12	45-20-2-130001-45300000-00-000100-00	1	200.00

GRAND TOTAL:

\$ 1,106.25

52755-H

300001447753

-04/05/95--01025--004

****138.00 ****138.00

Process Date: 02/22/95

The above named fund(s) has been reduced by the amount of
this check(s) under authority of Section 215.34, F.S.

Bill Nelson
State Treasurer

APPLICATION FOR REFUND FROM STATE OF FLORIDA

p95000015695

Pursuant to the provisions of Section 215.26, Florida Statutes, I hereby apply for a refund and request that a State error be shown in favor of:

Name: Moraima Feal

Address: 9582 S.W. 40th ST, Suite 6
MIAMI, FLORIDA 33165

Amount: 35.00, new generation insurance group, inc., p95000015695

which represents moneys I paid into the State Treasury subject to refund, and to substantiate such claim the following facts are submitted:

Reason for Claim:

desided not to file document.

Section: amand Clerk: mustain Date Processed: Aug. 1, 1995

CERTIFIED TRUE AND CORRECT this 10th day of June, 1995.

[Signature]
Signature

(FOR AGENCY USE ONLY)

(1) Agency recommends denial of above claim based on the following facts, including statutory authority for collection: _____

(2) Agency recommends approval of above claim and submits the following information to substantiate such claim.
The amount recommended \$ 35.00

The amount requested above was originally deposited into the State Treasury. State Treasurer's Receipt # 01071 004, Dated 6 20 95.

NAME OF ACCOUNT:

SAMAS ACCOUNT CODE															
4	5	2	0	2	1	3	0	0	0	1	4	5	3	0	0

Statutory Authority for Collection 607.0122

It is requested that payment be made from:

NAME OF ACCOUNT:

SAMAS ACCOUNT CODE															
4	5	2	0	2	1	3	0	0	0	1	4	5	3	0	0

Certified True and Correct this _____ day of _____, 19____.

Dept. of State, Div. of Corporations
Agency

Authorized Signature and Title

Section 215.26 states, in part: "Application for refund as provided by this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is interpreted as meaning three years from the date of payment into the State Treasury.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

June 26, 1995

MORAIMA FEAL, P.A.
9582 S.W. 40 STREET, SUITE 6
MIAMI, FL 33165

SUBJECT: NEW GENERATION INSURANCE GROUP, INC.
Ref. Number: P95000015695

We have received your document for NEW GENERATION INSURANCE GROUP, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your document is being returned per your request.

Enclosed is an application for refund.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6916.

Carol Mustain
Corporate Specialist

Letter Number: 395A00031200

MORAIMA FEAL, P.A.

ATTORNEY AT LAW
9582 S.W. 40 STREET, SUITE 6
MIAMI, FLORIDA 33165

Telephone (305) 223-6600
Fax (305) 223-6922

June 13, 1995

200001517702
-06/20/95--01071--004
*****35.00 *****35.00

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: New Generation Ins. Group, Inc.

Gentlemen:

Enclosed please find the Articles of Amendment to the Articles of Incorporation of New Generation Insurance Group. Also enclosed is a check for \$35.00 to cover the filing fees of this document.

If you have any questions concerning any of the above please do not hesitate to call the undersigned.

Very truly yours,


Moraima Feal

MF/avm
enc.

pg 3 000015-695
+
W9500012399