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2/8/95 FLORIDA DIVISION OF CORPORATIONS 3:23 PM  
PUBLIC ACCESS SYSTEM  
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TO: DIVISION OF CORPORATIONS FROM: ACE INDUSTRIES, INC.  
DEPARTMENT OF STATE 54 NW 11TH ST  
STATE OF FLORIDA  
404 EAST GAINES STREET MIAMI FL 33136-209034-0000  
TALLAHASSEE, FL 32399 CONTACT: LYNN FRIEDMAN  
FAX: (904) 922-4000 PHONE: (305) 358-2571  
FAX: (305) 358-7832  
((H95000002353))) DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.  
NAME: CENTRAL AUTO INSURANCE AGENCY, INC.  
FAX AUDIT NUMBER: H95000002353 CURRENT STATUS: REQUESTED  
DATE REQUESTED: 02/28/1995 TIME REQUESTED: 15:23:34  
CERTIFIED COPIES: 1 CERTIFICATE OF STATUS: 0  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CERTIFICATE OF INCORPORATION OF**  
**CENTRAL AUTO INSURANCE AGENCY, INC.**

The undersigned, desiring to form a corporation under the provisions of the Laws of the State of Florida, hereby makes, subscribes and acknowledges before a Notary Public and files with the Secretary of State of the State of Florida, a Certificate of Incorporation, as follows:

**ARTICLE I - NAME**

The name of the corporation shall be:

**CENTRAL AUTO INSURANCE AGENCY, INC.**

**ARTICLE II - NATURE OF BUSINESS**

The corporation may engage in any activity or business which is permitted under the Laws of the State of Florida and the United States of America.

**ARTICLE III - CAPITAL STOCK**

The maximum number of shares of common Stock outstanding at any one time shall be FIVE HUNDRED (500) shares, with a par value of ONE DOLLARS (\$1.00) per share, all of one class.

**ARTICLE IV - INITIAL CAPITAL**

The corporation will begin business with a sum of FIVE HUNDRED DOLLARS (\$500.00) capital, all of which sum has been paid in full by the subscriber hereto.

**ARTICLE V - TERM OF EXISTENCE**

The corporation shall have perpetual existence.

**ARTICLE VI - ADDRESS**

The principal place of business of the corporation shall be at 11035 Northwest 27th Avenue, Miami, Florida 33167, with the privilege of having branch offices at any other place.

**ace INDUSTRIES, INC.**

64 N.W. 11th Street  
Miami, Florida 33138

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H 95-2353

ARTICLE VII - REGISTERED OFFICE AND AGENT

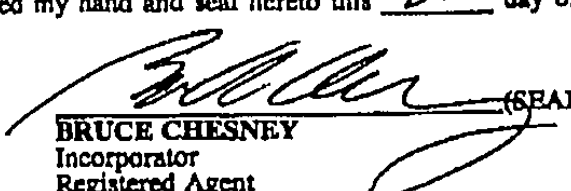
The registered office of the corporation shall be at 11035 Northwest 27th Avenue, Miami, Florida 33167, and the registered agent shall be BRUCE CHESNEY at that address.

ARTICLE VIII - INCORPORATORS

The name and post office address of each incorporator and subscriber to the Certificate of Incorporation is as follows:

BRUCE CHESNEY  
11035 Northwest 27th Avenue  
Miami, Florida 33167

IN WITNESS WHEREOF, I have affixed my hand and seal hereto this 27<sup>th</sup> day of February, 1995.

  
BRUCE CHESNEY  
Incorporator  
Registered Agent

(SEAL)

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ACE INDUSTRIES/PRINTING CORP KIT

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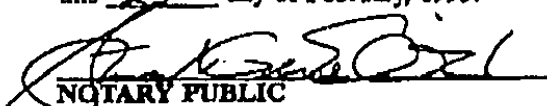
STATE OF FLORIDA

COUNTY OF DADE

BEFORE ME, the undersigned authority, personally appeared **BRUCE CHESNEY**, to me known to be the incorporator described in the Certificate of Incorporation of **CENTRAL AUTO INSURANCE AGENCY, INC.**, and he acknowledged the same, and after being by me first duly sworn, upon his oath, deposes and says: That it is in good faith intended to carry out the purposes and objects set forth therein.

  
**BRUCE CHESNEY**  
Identification: Personally Known

SWORN TO AND SUBSCRIBED before me  
this 22 day of February, 1995.

  
**NOTARY PUBLIC**

Name of Notary:

My commission expires:

OFFICIAL NOTARY SEAL  
STUART GENE ELLIOT  
NOTARY PUBLIC STATE OF FLORIDA  
COMMISSION NO. CC234826  
MY COMMISSION EXPI. NOV. 5, 1996

H 95-2353

H 95-2353

**CERTIFICATE OF DESIGNATION  
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 designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: CENTRAL AUTO INSURANCE AGENCY, INC.
2. The name and address of the registered agent and office is:

BRUCE CHESNEY11035 Northwest 27th AvenueMiami, Florida 33167SIGNATURE TITLE PresidentDATE 2/27/95

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 ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE DATE 2/27/95

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TALLAHASSEE, FLORIDA

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