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MAR 28 1995
P4500025030
COMMUNICATION

ACCOUNT NO. : 072100000032

REFERENCE : 567260 10633A

AUTHORIZATION :

Patricia Pizito

COST LIMIT : \$ 122.50

ORDER DATE : March 28, 1995

ORDER TIME : 11:43 AM

700001441017

ORDER NO. : 567260

CUSTOMER NO: 10633A

CUSTOMER: Michael D. Levin, Esq
MICHAEL D. LEVIN, ESQ

Suite 905
2999 Northeast 191st Street
N. Miami Beach, FL 33180

DOMESTIC FILING

NAME: FMS INSURANCE, INC.

XX ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jodie Krebs

EXAMINER'S INITIALS:

T. BROWN MAR 29 1995

FILED
95 MAR 28 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
OF
FMS INSURANCE, INC.

FILED
95 MAR 28 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporator hereby forms a corporation under Chapter 607 of the laws of the State of Florida.

ARTICLE I. NAME

The name of the corporation shall be:

FMS INSURANCE, INC.

The address of the principal office of this corporation shall be 20660 West Dixie Highway, North Miami Beach, Florida 33180 and the mailing address of the corporation shall be the same.

ARTICLE II. NATURE OF BUSINESS

This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

ARTICLE III. CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 1,000 shares of common stock having \$1.00 par value per share.

ARTICLE IV. REGISTERED AGENT

The street address of the initial registered office of the corporation shall be 1201 Hays Street, Tallahassee, Florida 32301, and the name of the initial registered agent of the corporation at that address is Corporation Information Services, Inc.

ARTICLE V. TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE VI. DIRECTORS

All corporate powers shall be exercised by or under the authority of, and the business and affairs of the corporation managed under the direction of its Board of Directors, subject to any limitation set forth in these Articles of Incorporation. This corporation shall have two Directors, initially. The names and addresses of the initial members of the Board of Directors are:

James Klotz
Dir.

20660 West Dixie Highway
North Miami Beach, Florida 33180

Paul Feinsilver
Dir.

Same

ARTICLE VII. OFFICERS

The name and addresses of the initial officers of the corporation who shall hold office for the first year of the corporation, or until their successors are elected or appointed are:

James Klotz Pres.	20660 West Dixie Highway North Miami Beach, Florida 33180
Paul Feinsilver V.Pres./Sec./Treas.	Same

ARTICLE VIII. PREEMPTIVE RIGHTS

The corporation elects to have preemptive rights.

ARTICLE IX. INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation:

Corporation Information Services, Inc.
1201 Hays Street
Tallahassee, Florida 32301

IN WITNESS WHEREOF, the undersigned agent of Corporation Information Services, Inc., has hereunto set their hand and seal of Corporation Information Services, Inc., on March 28, 1995.

CORPORATION INFORMATION SERVICES, INC.

By: Gail Shelby
Its Agent, Gail Shelby

FILED
95 MAR 28 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACCEPTANCE OF REGISTERED AGENT DESIGNATED
IN ARTICLES OF INCORPORATION

Corporation Information Services, Inc., a Florida corporation authorized to transact business in this State, having a business office identical with the registered office of the corporation named above, and having been designated as the Registered Agent in the above and foregoing Articles, is familiar with and accepts the obligations of the position of Registered Agent under Section 607.0505, Florida Statutes.

CORPORATION INFORMATION SERVICES, INC.

By: *Gail Shelby*
Its Agent, Gail Shelby

GLS/jwk



95 MAY -2
DIVISION OF CORPORATION

ACCOUNT NO. : 072100000032
REFERENCE : 589534 10633A
AUTHORIZATION :
COST LIMIT : \$ 35.00 *Patricia Pizub*

ORDER DATE : May 1, 1995

400001470624

ORDER TIME : 6:15 PM

ORDER NO. : 589534

CUSTOMER NO: 10633A

CUSTOMER: Michael D. Levin, Esq
Michael D. Levin, Esq
Suite 905
2999 Northeast 191st Street
N. Miami Beach, FL 33180

*name
change
amend*

DOMESTIC AMENDMENT FILING

NAME:	HFMS INSURANCE, INC. <i>Amended 3/2/95</i>
XX	ARTICLES OF AMENDMENT <i>104</i>
RESTATED	ARTICLES OF INCORPORATION <i>104</i>

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- ☐ CERTIFIED COPY *104*
- ☒ PLAIN STAMPED COPY *104*
- ☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jodie Krebs

EXAMINER'S INITIALS: _____

FILED
95 MAY -2 AM 11:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF
FMS INSURANCE, INC.**

FILED
95 MAY -2 AM 11:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The following amendments are made to the Articles of Incorporation of FMS INSURANCE, INC. filed for record on March 28, 1995.

ARTICLE I

NAME

The name of the corporation set forth in Article I of the Articles of Incorporation is hereby changed to: FIRST ATLANTIC INSURANCE AGENCY, INC.. The address of the principal office of this corporation shall be 20900 West Dixie Highway, North Miami Beach, Florida 33180, and the mailing address of the corporation shall be the same.

ARTICLE II

EFFECTIVE DATE: ADOPTION

These Articles of Amendment are effective as of April 25, 1995. These Articles of Amendment were adopted by the unanimous written consent of all shareholders and directors of the Corporation.

IN WITNESS WHEREOF, the undersigned have executed these Articles of Amendment this 25 day of April, 1995.



James A. Klotz, as President

STATE OF FLORIDA :

: SS.

COUNTY OF DADE :

BEFORE ME, a Notary Public authorized in County and State set forth above, personally appeared JAMES A. KLOTZ, who is personally known to me, who executed the foregoing Articles of Amendment of FMS INSURANCE, INC., as President, and he acknowledged before me that he executed same freely and voluntarily for the purposes therein stated.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the County and State aforesaid, this 28 day of April, 1995.



NOTARY PUBLIC, STATE OF FLORIDA

My Commission Expires:

