

P95000035597

TRANSMITTAL LETTER

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

50000014708805
05/02/95 11087-015
*****78.75 *****78.75

SUBJECT: USA INSURANCE NETWORK, INC.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☒ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

FROM: MICHAEL A. SUAREZ
Name (printed or typed)
3800 U.S. Highway 19
Address
New Port Richey, FL 34652
City, State & Zip
(813) 846-0699
Daytime Telephone number

50000014708805
05/02/95 11087-015
*****78.75 *****78.75
mtm

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

OF

U. S. A. INSURANCE NETWORK

ARTICLE I NAME

The name of the corporation shall be: U.S.A. INSURANCE NETWORK, INC.

ARTICLE II PRINCIPAL OFFICE

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

3800 U.S. Highway 19

New Port Richey, Florida 34652

(813) 846-0699

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 10,000.

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Michael A. Suarez

4317 Barcelona Street

Tampa, Florida 33629

(813) 831-9940

65-800-1 07051
1980-11-10-25

ARTICLE V INCORPORATOR

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


Michael A. Suarez

4317 Barcelona Street

Tampa, Florida 33629

(813) 831-9940

The undersigned has executed these Articles of Incorporation this 14th day of April 1995.


Michael A. Suarez, Incorporator

602
11
1995

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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: USA INSURANCE NETWORK, INC.

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

MICHAEL A. SUAREZ

(Name)

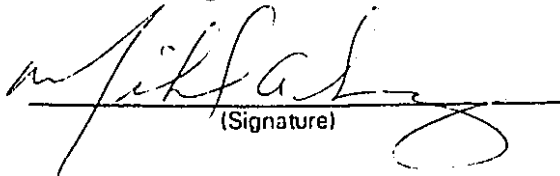
3800 U.S. Highway 19

(P.O. Box not acceptable)

New Port Richey, FL 34652

(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 statutes relating 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)

4-20-75
(Date)