

P95000036655

TRANSMITTAL LETTER

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

SUBJECT: BEST INSURANCE CORPORATION  
(Proposed corporate name - must include suffix)

000001477500  
-05/05/95--01093--012  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

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

Additional Copy Required

FROM:

ROBIN L. ROWE

Name (printed or typed)

270 CRANES CIRCLE WEST

Address

ALTAMONTE SPRINGS, FLORIDA 32708

City, State & Zip

407 - 331-0582

Daytime Telephone number

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAY -5 PM 5:48

LC  
5/9

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

## 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:

BEST INSURANCE CORPORATION

### ARTICLE II PRINCIPAL OFFICE

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

270 CRANES CIRCLE WEST

ALTAMONTE SPRINGS, FLORIDA 32701

### ARTICLE III SHARES

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

ONE THOUSAND (1,000)

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ROBIN L. ROWE

270 CRANES CIRCLE WEST

ALTAMONTE SPRINGS, FLORIDA 32701

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
55 MAY - 5 PM 5:48

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

ROBIN L. ROWE

270 CRANES CIRCLE WEST

ALTAMONTE SPRINGS, FLORIDA 32701

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

2ND day of MAY, 19 95.

Robin L. Rowe  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF  
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:

BEST INSURANCE CORPORATION

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

ROBIN L. ROWE

(NAME)

270 CRANES CIRCLE WEST

(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

ALTAMONTE SPRINGS, FLORIDA

(CITY/STATE/ZIP)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAY -5 PM 5:15  
32701

*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.*

Robin L. Rowe

(SIGNATURE)

5-2-95

(DATE)

**BEST INSURANCE CORPORATION**

ROBIN L. ROWE  
PRESIDENT  
11517 CIRCLE CREST LANE  
JACKSONVILLE, FL 32208

**PA5000036655**

November 12, 1996

Dear Sirs,

Please make effective immediately our new address:

It should be as indicated above. (We were previously located in Altamonte, Fl.)

Our Federal Tax ID # is 59-331-1963

Any questions please call.

Thank You,

*Robin L. Rowe*

Robin L. Rowe, President

KS 11/18