

P950000 47331

RUTHERFORD, MINERLEY & MULHALL

PROFESSIONAL ASSOCIATION

ATTORNEYS AND COUNSELORS AT LAW

ONE CROCKER SQUARE, FOURTH FLOOR

2600 NORTH MILITARY TRAIL

BOCA RATON, FLORIDA 33431-0000

GEORGE M. BAKALAR
FREDERIC M. BARTHE
ROBERTA DUNN BARTLEY
STUART E. BLOCH
ANDREW K. FEIN
CORINNE B. KAHN
KENNETH L. MINERLEY
FRANK J. MULHALL
JOHN T. MULHALL III
CHARLES E. RUTHERFORD
MICHAEL E. WARGO

1 ALSO MEMBER MICHIGAN BAR
2 ALSO MEMBER PENNSYLVANIA BAR
3 ALSO MEMBER NEW JERSEY BAR
4 ALSO MEMBER ALABAMA BAR
5 ALSO MEMBER GEORGIA BAR

FILED
JUN 14 1995
TALLAHASSEE, FLORIDA
SECRETARY OF STATE
LEO L. GENTZ, JR.

(407) 241-1600
(800) 741-1600
FACSIMILE (407) 241-3815

June 8, 1995

Secretary of State
Corporation Division
P.O. Box 6327
Tallahassee, FL 32314

600001512956
-06/14/95--01054--010
****122.50 ****122.50

Re: PEOPLES INSURANCE, INC.

Dear Madam or Sir,

Enclosed are the Articles of Incorporation for the
aforementioned corporation. A check in the amount of \$122.50 to
cover Filing Fee, Resident Agent Fee, and certified copy is also
enclosed.

Please direct the certified copy of the Articles and any
questions to the undersigned at the above address.

Sincerely,



Kelly L. Hofmann
Legal Assistant

klh
Enclosures

JUN 10 1995

ARTICLES OF INCORPORATION
OF
PEOPLES INSURANCE, INC.

Pursuant to Section 607.0202, Florida Statutes, these articles of incorporation provide that:

1. The name of the corporation is PEOPLES INSURANCE, INC. (the "Corporation").

2. The principal office of the Corporation is 7879 Federal Highway, Boca Raton, FL 33431.

3. The 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.

4. The aggregate number of shares which the Corporation is authorized to issue is One Thousand (1,000) shares of Common Stock, par value \$.01 per share.

5. The street address of the initial registered office of this Corporation is 2600 N. Military Trail, Fourth Floor, Boca Raton, Florida 33431 and the name of the initial registered agent of this Corporation at that address is Charles E. Rutherford, Esq.

6. The name and address of the person signing these Articles of Incorporation as incorporator is Murray Goldblatt, 16898 C. Isle Palm Drive, Delray Beach, FL 33484.

7. The Corporation shall have two (2) directors initially. The number of directors may be either increased or decreased from time to time as provided in the Bylaws of the Corporation, but shall never be less than one (1). The name and address of the initial Board of Directors are:

Joel Ramirez
15258 Spring Harbor Drive
Delray Beach, FL 33446

Samuel Gateman
16898 C. Isle Palm Drive
Delray Beach, FL 33484

Dated: June 8, 1995

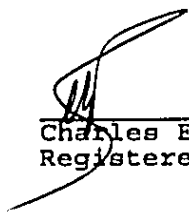

MURRAY GOLDBLATT, Incorporator

FILED
JUN 14 1995
TALLAHASSEE
SECRETARY OF STATE

CERTIFICATE DESIGNATING THE ADDRESS
AND AN AGENT UPON WHOM PROCESS MAY BE SERVED

Having been named to accept service of process for PEOPLES INSURANCE, INC., at the place designated in its Articles of Incorporation, I agree to act in this capacity and to comply with the provisions of Section 607.0505 of the Florida Statutes.

Dated: June 8, 1995



Charles E. Rutherford, Esq.
Registered Agent

FILED
1995 JUN 14 AM 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 SEP 27 PM 1:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000047331

1. Corporation Name

PEOPLE'S INSURANCE, INC.

Principal Place of Business

304 S.E. FIFTH AVE.
DELRAY BEACH, FL
33483

Mailing Address

SAME

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, if Applicable

304 S.E. FIFTH AVE.
Suite, Apt. #, etc.

3. New Mailing Address, if Applicable

SAME
Suite, Apt. #, etc.

City & State

DELRAY BEACH, FL
33483

City & State

Zip

Country

U.S.A.

REINSTATEMENT 96

(DO NOT WRITE IN THIS SPACE)

4. Date incorporated or Qualified
To Do Business in Florida
JUNE 14, 1995

5. FIC Number

65-059-8321

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee for
Fast Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
PRES.	MURRAY GOLDBLATT	5178 WINDSOR PARKE DRIVE	BOCA RATON, FL 33484

300001976629--5
-10/16/96--01041--024
****375.00 ****375.00

JB10-14-9

8. Name and Address of Current Registered Agent

CHARLES E. RUTHERFORD, ESQ.
2600 N. MILITARY TRAIL
FOURTH FLOOR
BOCA RATON, FL 33431

9. Name and Address of New Registered Agent

Name
MURRAY GOLDBLATT
Street Address (P.O. Box Number is Not Acceptable)
304 S.E. FIFTH STREET
Suite, Apt. #, Etc.
City
DELRAY BEACH
State
FL
Zip Code
33483

10. I hereby represent the registered agent of the above named corporation am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 9/19/96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MURRAY 9/19/96 (H)

9/19/96

407
342-9299
Daytime Phone #