

P95000055873

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870
Mailing Address: Post Office Box 10349, Tallahassee, FL 32302
TOLL FREE No. 1-800-342-8062
FAX (904) 222-1222

NAME _____
FIRM _____
ADDRESS _____
PHONE () _____

Service: Top Priority _____ Regular _____
One Day Service Two Day Service

To us via _____ Return via _____

Matter No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

RE: Associated Insurance

Agency Fee

	C.C. FEE.	DISBURSED
<input checked="" type="checkbox"/> Capital Express™		
<input checked="" type="checkbox"/> Art. of Inc. File		
<input type="checkbox"/> Corp. Record Search		
<input type="checkbox"/> Ltd. Partnership File		
<input type="checkbox"/> Foreign Corp. File		
<input checked="" type="checkbox"/> () Cert. Copy(s)		
	*****122.50	*****122.50
<input type="checkbox"/> Art. of Amend. File		
<input type="checkbox"/> Dissolution/Withdrawal		
<input type="checkbox"/> C U S-		
<input type="checkbox"/> Fictitious Name File		
<input type="checkbox"/> Name Reservation		
<input type="checkbox"/> Annual Report/Reinstatement		
<input type="checkbox"/> Reg. Agent Service		
<input type="checkbox"/> Document Filing		
<input type="checkbox"/> Corporate Kit		
<input type="checkbox"/> Vehicle Search		
<input type="checkbox"/> Driving Record		
<input type="checkbox"/> Document Retrieval		
<input type="checkbox"/> UCC 1 or 3 File		
<input type="checkbox"/> UCC 11 Search		
<input type="checkbox"/> UCC 11 Retrieval		
<input type="checkbox"/> File No.'s, _____ Copies		
<input type="checkbox"/> Courier Service		
<input type="checkbox"/> Shipping/Handling		
<input type="checkbox"/> Phone () _____		
<input type="checkbox"/> Top Priority		
<input type="checkbox"/> Express Mail Prep.		
<input type="checkbox"/> FAX () _____ pgs.		

SUBTOTALS

REQUEST TAKEN CONFIRMED APPROVED

DATE _____

TIME _____ CK No. _____

BY AK _____

WALK-IN Will Pick Up 719 100

FEE.....	\$
DISBURSED.....	\$
SURCHARGE.....	\$
TAX on corporate supplies.....	\$
SUBTOTAL.....	\$
PREPAID.....	\$
BALANCE DUE.....	\$

Please remit invoice number with payment
TERMS: NET 10 DAYS FROM INVOICE DATE
1 1/2% per month on Past Due Amounts
Past 30 Days, 18% per Annum.

THANK YOU
from
Your Capital Connection



FLORIDA DEPARTMENT OF STATE

July 19, 1995

Sandra B. Mortham
Secretary of State

CAPITAL CONNECTION, INC.
417 E. VIRGINIA ST.
SUITE 1
TALLAHASSEE, FL 32301

SUBJECT: ASSOCIATED INSURANCE AGENCY, INC.
Ref. Number: W95000014514

FILED
JUL 19 1995
TALLAHASSEE, FL
U.S. DEPT. OF STATE

We have received your document for ASSOCIATED INSURANCE AGENCY, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

The registered agent and registered office listed in your articles of incorporation must be consistent throughout the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6931.

Steven Godfrey
Corporate Specialist

Letter Number: 495A00034509

ARTICLES OF INCORPORATION
AUTOMATED INSURANCE AGENCY, INC.

WE, the undersigned, hereby associate together for the purpose of becoming a corporation under the laws of Florida, by and under the provisions of the Statutes of the State of Florida, providing for the formation, rights, privileges, and immunities of corporations for profits.

ARTICLE I

The name of this corporation shall be:

AUTOMATED INSURANCE AGENCY, INC.

Its business shall be carried on at Dade County, Florida, and at such other points or places in the State of Florida and in the United States and foreign countries as may, from time to time, be authorized by the Board of Directors. Its principal office shall be at: 125 East 49th Street, Hialeah, Florida 33013.

ARTICLE II

The general nature of the business or businesses to be transacted is as follows:

SECTION I: To engage in business transactions for insurance purposes.

SECTION II: To engage in any business and to execute any or all the power authorized and permitted by virtue of the Corporate Law of the State of Florida. This corporation shall have all the general powers, but no recitation, expression, or declaration of specific or

FILED
95 JUL 19 PM 1:33

special powers or purposes herein enumerated shall be deemed to be exclusive, but is hereby expressly declared that all other lawful powers permitted to corporations for profit are hereby included.

ARTICLE III

The maximum number of shares of stock this corporation is authorized to have outstanding at any time shall be 500 shares at \$1.00 par value.

ARTICLE IV

The minimum capital requirements of this corporation shall be that which is required by Florida law.

ARTICLE V

This corporation shall exist perpetually.

ARTICLE VI

The principal place of business of this corporation shall be located in Dade County, Florida, and it may have such other places of business, both within and without the State of Florida and in foreign countries, as may be necessary or convenient.

ARTICLE VII

The business of this corporation shall be conducted by a Board of Directors of not less than one (1) Director, the exact number of Directors to be fixed by the By-Laws of this corporation.

ARTICLE VIII

The names and post office addresses of the First

Board of Directors of this corporation who shall hold office until the organization meeting of this corporation and until their successors are elected and have qualified are:

NAME	ADDRESS
Carlos Lidsky	145 East 49th Street Hialeah, Florida 33013

The offices to be held by the above-named Directors are as follows:

NAME	OFFICE
Carlos Lidsky	President, CEO, Treasurer, Secretary

ARTICLE IX

The names and post office addresses of each subscriber of these Articles of Incorporation and a statement of the number of shares of stock which each agrees to take is as follows:

NAME	ADDRESS	NO. OF SHARES	VALUE
Carlos Lidsky	same as above	500	\$1 par

ARTICLE X

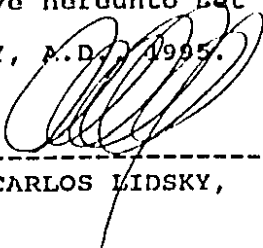
The street address of the initial registered office and initial resident office of this corporation is 145 E. 49th St., Hialeah, FL 33013 and the name of the initial registered agent and resident agent of this corporation at that address is CARLOS LIDSKY, ESQUIRE.

ARTICLE XI

The provisions of this Charter, and each and every

article and section hereof, and the By-Laws of this corporation shall be considered a part of every contract and transaction to which this corporation shall be party. Every person, association, and/or corporation dealing with this corporation is hereby charged with notice and knowledge of this corporation.

IN WITNESS WHEREOF, we have hereunto set out hands and seals this 18 day of JULY, A.D. 1995.




CARLOS LIDSKY, CEO

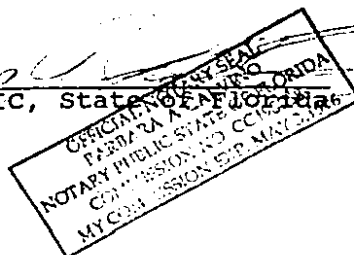
STATE OF FLORIDA)
) SS.
COUNTY OF DADE)

BEFORE ME, the undersigned authority personally appeared CARLOS LIDSKY, to me well known to be the person described in and who executed and subscribed to the foregoing Articles of Incorporation, and he acknowledged before me that they executed the same and subscribed to the same for the purposes therein expressed.

WITNESS my hand and official seal at Hialeah, in the State of Florida and County of Dade, this 18 day of July, 1995.


NOTARY PUBLIC, State of Florida
at Large

My Commission Expires:



CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE
FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING
AGENT UPON WHOM PROCESS MAY BE SERVED.

In pursuance of Chapter 48.091, Florida Statutes,
the following is submitted in compliance with said Act:

That AUTOMATED INSURANCE AGENCY, INC., desiring to
organize under the laws of the State of Florida with its
principal office as indicated in the Articles of
Incorporation at City of Hialeah, County of Dade, State
of Florida, has named Carlos Lidsky, Attorney at Law,
P.A., located at City of Hialeah, County of Dade, State
of Florida, as its agent to accept service of process
within this state.

ACKNOWLEDGMENT:

Having been named to accept service of process for
the above-stated corporation at place designated in this
certificate, I hereby accept to act in this capacity and
agree to comply with the provision of said Act relative
to keeping open said office.

By: 

Registered Agent

FILED
95 JUL 19 PM 1:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870
Mailing Address: Post Office Box 10349, Tallahassee, FL 32302

TOLL FREE No. 1-800-342-8062

FAX (904) 222-1222

P95000055873

NAME _____

FIRM _____

ADDRESS _____

PHONE () _____

Service: Top Priority _____ Regular _____
One Day Service Two Day Service

To us via _____ Return via _____

Matter No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

File 1st

RE: Automated Insurance

Agreement

Capital Conn

Annual Report

Corp. Record Search

Ltd. Partnership File

Foreign Corp. File

() Cert. Copy(2)

Art. of Amend. File

Dissolution/Withdrawal

C U S :

Fictitious Name File

Name Reservation

Annual Report/Reinstatement

Reg. Agent Service

Document Filing

Corporate Kit

Vehicle Search

Driving Record

Document Retrieval

UCC 1 or 3 File

UCC 11 Search

UCC 11 Retrieval

File No.'s _____ Copies _____

Courier Service _____

Shipping/Handling _____

Phone () _____

Top Priority _____

Express Mail Prop. _____

FAX () _____ pgs. _____

SUBTOTALS

FEE..... \$

DISBURSED..... \$

SURCHARGE..... \$

TAX on corporate supplies..... \$

SUBTOTAL..... \$

PREPAID..... \$

BALANCE DUE..... \$

REQUEST TAKEN CONFIRMED APPROVED

DATE _____

TIME _____ CK No. _____

BY AAK _____

WALK-IN Will Pick Up 822 1200

Please remit invoice number with payment
TERMS: NET 10 DAYS FROM INVOICE DATE
1 1/2% per month on Past Due Amounts
Past 30 Days, 18% per Annum.

THANK YOU
from
Your Capital Connection



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

August 22, 1995

CAPITAL CONNECTION

TALLAHASSEE, FL

SUBJECT: AUTOMATED INSURANCE AGENCY, INC.
Ref. Number: P95000055873

We have received your document for AUTOMATED INSURANCE AGENCY, INC. and check(s) totaling \$43.75. However, your check(s) and document are being returned for the following:

* The document must be signed by an Incorporator if it was adopted by the Incorporators.

If you have any questions concerning the filing of your document, please call (904) 487-6957.

Joy Moon-ench
Corporate Specialist

Letter Number: 095A00039200

(011114
* Doesn't appear to have been
corrected

ARTICLES OF DISSOLUTION

Pursuant to 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation is Automated Insurance Agency
Inc.

SECOND: The articles of incorporation were filed on July 19, 1975

THIRD: (CHECK ONE)

☒ None of the corporation's shares have been issued.

☐ The corporation has not commenced business.

FOURTH: No debt of the corporation remains unpaid.

FIFTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SIXTH: Adoption of Dissolution (CHECK ONE)

☒ A majority of the incorporators authorized the dissolution.

☐ A majority of the directors authorized the dissolution.

Signed this 25 day of August, 19 95

Signature

(By an incorporator if adopted by the incorporators or by the chairman or vice chairman of the board, president, or other officer if adopted by the directors)

CARLOS LIDSKY
(Typed or printed name)

Incorporator ATTORNEY
(Title)

Year	Percentage of Population Aged 65 and Over
1950	7%
1960	8%
1970	9%
1980	10%
1990	11%
2000	12%
2010	13%
2020	14%
2030	15%
2040	16%
2050	18%

STATE OF FLORIDA)
COUNTY OF DADE) ss.

BEFORE ME, the undersigned authority, personally appeared JUAN C. MONTES, ESQ., who, being by me first duly sworn, on oath, deposes and says, as follows:

1. I am employed as an attorney by the offices of Carlos Lidsky, Attorney at Law, P.A..

2. Our office represents Automated Insurance Agency, Inc.


3. On behalf of our clients, we are voluntarily dissolving the above corporation.

4. We will not revoke the resolution once it has passed.

5. We request a release of the corporate name, Automated Insurance Agency, Inc., back to us for the purposes of forming a Limited Liability Company using the same name.

FURTHER AFFIANT SAYETH NOT.

APH NOT.



JUAN C. MONTES, ESQ.
AFFIANT

SWORN TO AND SUBSCRIBED before me this 21st day of August, 1995.

Richard Lopez
NOTARY PUBLIC

My Commission Expires:



OFFICIAL SEAL
MIDALYS LOPEZ
My Commission Expires
April 21, 1996
Comm. No. CC 195261