P95000056309

(Requestor's Name)

(Address)

(City, State, Zip) (Phone #)

OFFICE USE ONLY

800001545433
-07/25/95--01065--018
****122.50 ****122.50

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. _____ (Corporation Name) _____ (Document #)
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

☒ Walk in ☒ Pick up time 2:00 ☒ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

	NEW FILINGS
☒	Profit
☐	NonProfit
☐	Limited Liability
☐	Domestication
☐	Other

	AMENDMENTS
☐	Amendment
☐	Resignation of R.A., Officer/Director
☐	Change of Registered Agent
☐	Dissolution/Withdrawal
☐	Merger

	OTHER FILINGS
☐	Annual Report
☐	Fictitious Name
☐	Name Reservation

	REGISTRATION/ QUALIFICATION
☐	Foreign
☐	Limited Partnership
☐	Reinstatement
☐	Trademark
☐	Other

D-RTH 7/19

Examiner's Initials

CR2E031(10/92)

ARTICLES OF INCORPORATION
OF

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 by:

PANORAMA INSURANCE INC

ARTICLE II PRINCIPAL OFFICE

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

11321 W FLAGLER
MIAMI FL 33174

ARTICLE III CAPITOL STOCK

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

FIVE HUNDRED $ 1.00 PAIR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

NORMAN URIARTE
15081 SW 69 ST
MIAMI FL 33193

ARTICLE V INCORPORATOR(S)

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

NORMAN URIARTE PRESIDENT
15081 SW 69 ST
MIAMI FL 33193

The undersigned has(have) executed these Articles of Incorporation this 19 day of July 1995

Signature/Title

Signature/Title

Signature/Title

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.325, 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:

PANORAMA INSURANCE INC.

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

NORMAN URIARTE 15081 SW 69 ST MIAMI FL 33193

(P.O.BOX NOT ACCEPTABLE)

(CITY/STATE/ZIP)

SIGNATURE _____
(CORPORATE OFFICE)

TITLE 7/19/95

DATE_

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE _____

DATE 7/19/95