

# P95000059397

## TRANSMITTAL LETTER

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

800001549898  
-08/01/95--01007--005  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: North Dade Auto Insurance, 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

Additional Copy Required

FROM: Robert C. Keegan  
Name (printed or typed)

9840 Sheridan St #106  
Address

Pembroke Pines Florida 33024  
City, State & Zip

305 435 2707  
Daytime Telephone number

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

D. BROWN AUG - 2 1995

## 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:

North Dade Fertilizer Insurance Co., Inc.

### ARTICLE II PRINCIPAL OFFICE

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

13990 NW 27 Avenue Opa Locka Florida  
.53054

### ARTICLE III SHARES

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

100 (one hundred)

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Robert Charles Keegan  
13990 NW 27 Avenue  
Opa Locka Florida  
.53054

**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):

Robert Charles Keegan  
9840 Sheridan St #1106  
Pembroke Pines, Florida  
~~33024~~  
33024

Shari Whitley Keegan  
9840 Sheridan St #106  
Pembroke Pines Florida  
~~33024~~  
33024

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

27 day of July, 19 95.

Robert Charles Keegan  
Signature

Shari Whitley Keegan  
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:

Death Made Life Insurance Co.

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

Robert Charles Keegan  
(NAME)

4840 Sheridan Street - 11-106  
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Pembroke Pines, Florida 33024  
(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.*

R. C. Keegan  
(SIGNATURE)

7-27-95  
(DATE)