

PC50005992

Thomas J. ...
(Requestor's Name)
...
(Address)
...
(City, State, Zip) (Phone #) *(502) 714-...*

OFFICE USE ONLY

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 _____ Certified Copy
 Mail out Will wait Photocopy Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

July 27, 1995

MARILIN HARRIS
14645 HARRIS PLACE
MIAMI LAKES, FL 33014

SUBJECT: HEMISPHERE MUTUAL INSURANCE AGENCY, INC.
Ref. Number: W95000015090

We have received your document for HEMISPHERE MUTUAL INSURANCE AGENCY, INC. and check(s) totaling \$245.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

According to section 607.0202(1)(b) or 617.0202(1)(b), Florida Statutes, you must list the corporation's principal office, and if different, a mailing address in the document. If the principal address and the registered office address are the same, please indicate so in your 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) 487-6878.

Terri Buckley
Corporate Specialist

Letter Number: 495A00035624

ARTICLES OF INCORPORATION OF
Hemisphere Mutual Insurance Agency, Inc.

ARTICLE I - NAME, DURATION, and PURPOSE

The name of this corporation is **Hemisphere Mutual Insurance Agency, Inc.** It shall have perpetual existence. The purpose is to engage in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE II - CAPITAL STOCK

This Corporation is authorized to issue 500 shares of common stock having a par value of \$1.00 (one dollar) per share.

ARTICLE III - PREEMPTIVE RIGHTS

Every shareholder, upon the sale for cash of any new common stock of this corporation, shall have the right to purchase his pro-rata share (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

ARTICLE IV - INITIAL REGISTERED AGENT AND PRINCIPAL OFFICE

Agent and Office:

MARILIN B. LARKEN, 14645 HARRIS PLACE, MIAMI LAKES, FLORIDA 33014. Who upon accepting this designation agrees to comply with the provisions of the Florida statutes with respect to keeping an office open for service of process, Principal Office and registered office address is 14645 HARRIS PLACE, MIAMI LAKES, FL. 33014

ARTICLE V - INITIAL BOARD OF DIRECTORS

The initial Board shall consist of at least one director and may increase or decrease from time to time by a vote of the stockholders. The initial Board is :

MARILIN B. LARKEN, 14645 HARRIS PLACE, MIAMI LAKES, FLORIDA 33014.

ARTICLE VI - INCORPORATOR

The name and address of the person signing the articles of Incorporation is:

MARILIN B. LARKEN, 14645 HARRIS PLACE, MIAMI LAKES, FLORIDA 33014.

ARTICLE VII - INDEMNIFICATION

The corporation shall indemnify any officer or director, or any former officers or directors to the full extent permitted by law.

ARTICLE VIII - BY-LAWS

The power to adopt, alter, amend or repeal by-laws shall be vested in the Board of Directors and the Shareholders.

IN WITNESS WHEREOF, the undersigned Incorporator has executed these Articles of Incorporation this 17th day of July, 1995.




MARILIN B. LARKEN
Incorporator

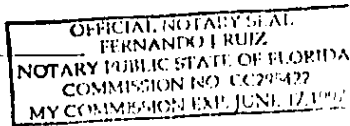
STATE OF FLORIDA
COUNTY OF DADE

The forgoing Articles of Incorporation of **HEMISPHERE MUTUAL INSURANCE AGENCY, INC.** were acknowledged before me by Marilyn B. Larken, as Incorporator.

IN WITNESS WHEREOF, I have hereunder set my hand and affixed my official seal, in the state and county aforesaid this this 19th day of July, 1995.



NOTARY PUBLIC
State of Florida at Large



ACCEPTANCE OF REGISTERED AGENT for **HEMISPHERE MUTUAL INSURANCE AGENCY, INC.**, at the place designated in the Articles of Incorporation, Marilyn B. Larke agrees to act in this capacity, and agrees to comply with the provisions of Florida law relative to keeping open the office.



MARILIN B. LARKEN

JULY 19th, 1995