

P95000062564



General Insurance Group

AUTO - HOME - LIFE - HEALTH - BUSINESS
3704 Palm Avenue, Hialeah, Florida 33012

OFFICE USE ONLY

000001558420
-08/11/95--01045--006
****122.50 ****122.50

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

1. General Premium Finance Group, Inc.
(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

Examiner's Initials _____

CERTIFICATE OF INCORPORATION OF:

We, the undersigned, hereby make, subscribe and acknowledge this certificate for the purpose of becoming a corporation under the laws of the State of Florida.

1. The name of the corporation shall be:
GENERAL PREMIUM FINANCE GROUP, INC.
and its existence shall be perpetual.
2. The general nature of the business to be transacted shall be:
Insurance Premium Financing
and to invest in property of any kind, operate business, lend money, and to have all other powers provided by the laws of the State of Florida.
3. The capital stock of the Corporation shall consist of fifty (50) shares, without nominal par value.
4. The amount of capital with which this corporation shall begin business is not less than FIVE HUNDRED DOLLARS.
5. The principal office of the corporation in this State shall be:
3704 Palm Avenue Hialeah, Fl. 33012
6. The principal directors shall be at least one (1) and the names post office addresses of the first Board of Directors and Officers are:

NAME	OFFICE	ADDRESS
1. Maria A. Pou	President	8467 N.W. 201 Terr. Miami, Fl. 33015
2. Daniel M. Pou	Vice-President	8311 N.W. 166 terr. Miami, Fl. 33016
3.		
4.		

7. The names and addresses of the subscribers to this Certificate of Incorporation, and the number of shares each agrees to take, and the consideration therefor, the proceeds of which will amount to not less than FIVE HUNDRED DOLLARS (\$500.00), are as follows:

<u>NAME AND ADDRESS</u>	<u>NO. OF SHARES</u>	<u>CONSIDERATION</u>
1. Maria A. Pou	25	\$1000
2. Daniel M. Pou	25	\$1000
3.		
4.		

8. Maria A. Pou is hereby designated as the Registered Agent for the Corporation and as the registered office of the company.

IN WITNESS WHEREOF, the undersigned hereby subscribe to this Certificate of Incorporation at Miami, Florida this 31 st day of May 1995, for the uses and purposes aforesaid.



Signature - Principal

Maria A. Pou
Print Name

President
Title

SERVICE OF PROCESS WITHIN FLORIDA NAMING AGENT UPON WHOM PROCESS
MAY BE SERVED.

In compliance with Section 28.091, Florida Statutes, the following
is submitted:

First that General Premium Finance Group, Inc.
desiring to organize or qualify under the laws of the State of
Florida, with its principal place of business at the city of Hialeah,
State of Florida has named Maria A. Pou
City of Hialeah State of Florida, as its Agent to
accept service of process within Florida.


Maria A. Pou

CORPORATE OFFICER

President

TITLE

6/30/95

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.


RESIDENT AGENT

DATE 8/2/95

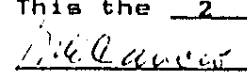
STATE OF FLORIDA)
COUNTY OF DADE) SS.

BEFORE ME, the undersigned authority, personally appeared

Maria A. Pou

subscriber (s) and person (s) described in and who executed the foregoing Certificate of Incorporation, who acknowledge before me that they did subscribe thereto, and did so for the uses and purposes therein contained.

Sworn To and Subscribed before me at _____, Dade County, Florida.
This the 2 day of August, 1995.


Notary Public State of Florida at Large.

My Commission expires:



M. E. CANCIO
COMMISSION # CC 358238
EXPIRES MAR 27, 1998
BONDED THRU
ATLANTIC BONDING CO., INC.

511-110
8/16/95 PM 2:39
NOTARY PUBLIC FLORIDA

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
ATLANTA GA 39901

DATE OF THIS NOTICE: 06-23-95
NUMBER OF THIS NOTICE: CP 575 A
EMPLOYER IDENTIFICATION NUMBER: 65-0587573
FORM: SS-4
0716824961 0

FOR ASSISTANCE CALL US AT:
1-800-829-1040

GENERAL PREMIUM FINANCE GROUP INC
3704 PALM AVE
HIALEAH FL 33012

OR WRITE TO THE ADDRESS
SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)

Thank you for your Form SS-4, Application for Employer Identification Number (EIN). We assigned you EIN 65-0587573. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Use your complete name and EIN shown above on all federal tax forms, payments, and related correspondence. If you use any variation in your name or EIN, it may cause a delay in processing, incorrect information in your account, or cause you to be assigned more than one EIN.

If you're required to deposit for employment taxes (Forms 941, 943, 940, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), we will send an initial supply of Federal Tax Deposit (FTD) coupon books within five to six weeks. You can use the enclosed coupons if you need to make a deposit before you receive your supply.

Based on the information shown on your Form SS-4, you must file the following forms(s) by the date we show.

Form 1120

03/15/96

If the due date has passed please complete the form and send it to us by 07-10-95. If we don't receive the form by that date additional penalties and interest will be charged. If you weren't in business or didn't hire employees for the tax period shown, please file the form showing that you have no liability.

If you need help in determining what your tax year is, you can get Publication 538, Accounting Periods and Methods, at your local IRS office.

If you have any questions about the forms shown or the date they are due, you may call us at 1-800-829-1040 or write to us at the address shown above.

Thank you for your cooperation.