P96000002014

State No-Fault Insurance 408 S. Ponce De Leon Blvd. St. Augustine, Ft. 32084

900001677000 -01/03/36--01081--003 *****70.00 *****70.00

December 21, 1995

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

Dear Sir:

Please find enclosed the Articles of Incorporation for State No-Fault Insurance of St. Augustine, Inc., as well as my check in the amount of \$70.00 made payable to the Secretary of State to cover the various filing fees for the new corporation.

Should you have any questions regarding this matter, please telephone me at (904) 808-0666.

Sincerely

Stacy Evans

Enclosures

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ARTICLES OF INCORPORATION

OF

STATE NO-FAULT INSURANCE OF ST. AUGUSTINE, INC.

ARTICLE I CORPORATE NAME

The name of this Corporation shall be: State No-Fault Insurance of St. Augustine, Inc. The principal office mailing address shall be: 408 S. Ponce De Leon Blvd., St. Augustine, Florida 32084.

ARTICLE!! NATURE OF BUSINESS AND POWER

The general nature of the business to be transacted by this Corporation is to engage in any and all business permitted under the laws of the State of Florida.

ÁRTICLE III CAPITAL STOCK

The maximum number of shares of stock that this Corporation is authorized to issue and have outstanding at any one time is 500 shares of common stock having a par, value of One Dollar (\$1.00) per share.

ARTICLEIV TERM OF EXISTENCE

This Corporation shall have perpetual existence, commencing upon filing of these Articles.

ARTICLEV REGISTERED AGENT AND INITIAL REGISTERED OFFICE

The Registered Agent and the street address of the initial registered office of this Corporation in the State of Florida shall be:

STACY EVANS 408 Ponce De Leon Bivd. St. Augustine, Florida 32084

The Board of Directors, from time to time, may move the Registered Office to any other address in the State of Florida.

ARTICLE VI BOARD OF DIRECTORS

This Corporation shall have one (1) director initially. The number of directors may be increased or diminished from time to time by By-Laws adopted by the stockholders, but shall never be less than one (1).

ARTICLE VII INITIAL DIRECTORS

The name of the initial director of this Corporation and her street address

is:

Stacy Evans
140 Limewood Place
Condo #8
Ormond Beach, Florida 32174

The person named as initial director shall hold office for the first year of existence of this Corporation or until her successors are elected or appointed and have qualified, whichever occurs first.

ARTICLE VIII OFFICERS

The officers of this Corporation shall be a President, Secretary and Treasurer, and any other office as the Board of Directors may deem necessary. Any two or more offices may be held by the same person.

ARTICLEIX INITIAL OFFICERS

The name of the initial officer of this Corporation and her street address

President, Secretary, Tressurer

STACY EVANS 140 Limewood Place Condo #6 Ormond Beach, Florida 32174

ARTICLE X INCORPORATORS

The name and address of the person signing these Articles of Incorporation as the Incorporator is:

STACY EVANS 140 Limewood Place Condo #8 Ormond Beach, Florida 32174

ARTICLE XI AMENDMENTS

These Articles of Incorporation may be amended in the manner provided by law. Every amendment shall be approved by the Board of Directors, proposed by them to the stockholders and approved at a stockholders meeting by at least a majority of the stock entitled to vote, unless all of the directors and all of the stockholders sign a written statement manifesting their intention that a certain amendment of these Articles of Incorporation be made.

the foregoing Articles of Incom	PF, the undersigned as incorporator, has executed poration on thisday of
	STACY EVANS
STATE OF FLORIDA	
COUNTY OF St. JO	hus.
me known to be the person de foregoing Articles of Incorpora	Public, personally appeared STACY EVANS, to scribed as Incorporator and who executed the tion, and acknowledged before me that she incorporation on this day of
Leave R. N.	lefd
Notary Public - State of Florida	<u> </u>
My Commission Expires:	OFFICIAL NOTARY SHAL ISAAC R NEDD NOTARY PUBLIC STATE OF FLORIDA COMMISSIAN NO. CC459438

CERTIFICATE

In compliance with Section 48,091, Florida Statutes, the following is submitted:

State No-Fault Insurance of St. Augustine, Inc., desiring to organize under the laws of the State of Florida, with its principal office as indicated in the Articles of Incorporation, at the City of St. Augustine, County of St. John's, State of Florida, has named STACY EVANS, 408 S. Ponce De Leon Blvd., St. Augustine, St. John's County, Florida, as its agent to accept service of process within this State.

ACKNOWLEDGMENT

Having been named to accept service of process for the above-named Corporation, at the place designated in this Certificate, the undersigned agrees to act in this capacity, and agrees to comply with the provisions of Florida relative to keeping the designated office open.

STACY EVANS-

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