

REFERENCE : 824778

106334

AUTHORIZATION :

COST LIMIT : \$ 122.50

ORDER DATE : January 30, 1996

900001710089

ORDER TIME : 9:42 AM

ORDER NO. : 824778

CUSTOMER NO:

106331

CUSTOMER: Michael D. Levin, Esq MICHAEL D. LEVIN, ESQ

Suite 905

2999 Northeast 191st Street N. Miami Beach, FL 33180

DOMESTIC FILING

NAME: FK INSURANCE CORP.

ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: XX CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING	FILED 96 FEB -8 PH 1: 1 SECRETARY OF STATE TALLAHASSEE, FLORIDA
CONTACT PERSON: KAREN ROZAR EXAMINER'S INITIALS:	70

T. BROWN FEB - 8 1996

96 FEB -8 PH 1: 10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

OF

FK INSURANCE CORP.

The undersigned incorporator hereby forms a corporation under Chapter 607 of the laws of the State of Florida.

ARTICLE I. NAME

The name of the corporation shall be:

FK INSURANCE CORP.

The address of the principal office of this corporation shall be 2°900 West Dixie Highway, North Miami Beach, Florida 33180, and the mailing address of the corporation shall be the same.

ARTICLE II. NATURE OF BUSINESS

This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

ARTICLE III. CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 1,000 shares of common stock having \$1.00 par value per share.

ARTICLE IV. REGISTERED AGENT

The street address of the initial registered office of the corporation shall be Suite 905, 2999 Northeast 191st Street, North Miami Beach, Florida, and the name of the registered agent of the corporation at that address is Michael Levin.

ARTICLE V. TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE VI. DIRECTORS

All corporate powers shall be exercised by or under the authority of, and the business and affairs of the corporation managed under the direction of its Board of Directors, subject to any limitation set forth in these Articles of Incorporation. This corporation shall have two Directors, initially. The names and addresses of the initial members of the Board of Directors are:

Paul Feinsilver Dir.

20900 West Dixie Highway North Miami Beach, Florida 33180

James Klotz Dir.

Same

ARTICLE VII. OFFICERS

The name and addresses of the initial officers of the corporation who shall hold office for the first year of the corporation, or until their successors are elected or appointed are:

Paul Feinsilver Pres.

20900 West Dixie Highway North Miami Beach, Florida 33180

James Klotz Sec./Treas.

Same

ARTICLE VIII. INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation:

Corporation Service Company 1201 Hays Street Tallahassee, Florida 32301

IN WITNESS WHEREOF, the undersigned agent of Corporation Service Company, has hereunto set their hand and seal of Corporation Service Company on February 8, 1996.

CORPORATION SERVICE COMPANY

Its Agent, Karen

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 617.0501, 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:	FILE TO BE
FK Insurance Corp.	SEE THE PARTY
(must include sulfix)	ALLE TO
2. The name and address of the registered agent and office is:	
Michael D. Levin	
(P.O. BOX OF MAIL Drop BOX NOT ACCEPTABLE)	

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.

(SIONATURE) (DATE)