

P96000026017

State No-Fault Insurance of S. Semoran, Inc.
4310 S. Semoran Boulevard
Orlando, FL 32822

Corporate Records Bureau
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32301

1000001745651
-03/15/96--01122--012
****122.50 ****122.50

Gentlemen:

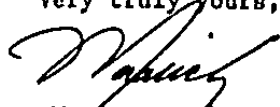
With respect to the formation of a new Florida corporation, State No-Fault Insurance of S. Semoran, Inc., we submit the following:

1. Our check for \$122.50 to cover filing fees, etc.
2. Two copies of the Articles of Incorporation.
3. Certificate Designating Place of Business or Domicile For The Service of Process Within Florida, Naming Agent Upon Whom Process May Be Served.

We would greatly appreciate your prompt action as numerous licenses, applications, etc. require a certified copy of the Articles of Incorporation and the assigned Florida Charter number.

Please advise if you need any additional information.

Very truly yours,



Mark A. Vickery
President

Enclosures

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 MAR 15 PM 1:54

5/3/25

ARTICLES OF INCORPORATION
OF
State No-Fault Insurance of S. Somoran, Inc.

ARTICLE I

NAME

The name of this Corporation is: State No-Fault Insurance of S. Somoran, Inc.
Principal Place of Business: 4310 E. Samoran Blvd. Orlando, FL 32022

FILED
SECRETARY OF CORPORATIONS
DIVISION
96 MAR 15 PM 1:54

ARTICLE II

DURATION

This Corporation shall exist perpetually, commencing upon filing with Secretary of State.

ARTICLE III

PURPOSE

This Corporation is organized for the purpose of transacting any and all lawful business.

ARTICLE IV

CAPITAL STOCK

This Corporation is authorized to issue 1,000 shares of \$1.00 par value common stock.

ARTICLE V

INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this Corporation is
4051 S. US Hwy. 17-92 Casselberry FL 32707 and the name of the initial registered
agent of this Corporation at that address is Mark A. Vickery.

ARTICLE VI

INITIAL BOARD OF DIRECTORS

This Corporation shall have two (2) directors initially. The number of directors may be either increased or diminished from time to time by the Bylaws but shall never be less than one. The names and addresses of the initial directors of this Corporation are:

<u>Name</u>	<u>Address</u>
<u>Frank P. Daly III</u>	<u>P.O. box 1096 Pt. Salerno, FL 34992</u>
<u>Mark A. vickery</u>	<u>305 Spring Lk Hills Dr. Altamonte Springs FL 32718</u>

ARTICLE VII

INCORPORATION

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

Name

Address

Mark A. Vickery 305 Spring Lake Hills Dr. Altamonte Springs, FL
32718

ARTICLE VIII

PREEMPTIVE RIGHTS

Every shareholder, upon the sale for cash of any new stock of this Corporation of the same kind, class or series as that which he already holds, shall have the right to purchase his pro rata share thereof (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

ARTICLE IX

INDEMNIFICATION

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

ARTICLE X

BYLAWS

The initial Bylaws shall be adopted by the Board of Directors. The power to alter, amend or repeal the Bylaws or adopt new Bylaws is vested in the Board of Directors, subject to repeal or change by action of the shareholders.

ARTICLE XI

AMENDMENT

This Corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any amendment hereto, and any right conferred upon the shareholders is subject to this reservation.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Incorporation this 4th day of March, 1996.



Mark A. Vickery

Incorporator

STATE OF FLORIDA

COUNTY OF ORANGE

The foregoing Articles of Incorporation were acknowledged before me this 4th day of March, 1996.



OFFICIAL SEAL
TRACEY S. KILPATRICK Public - State of Florida
My Commission Expires
Sept. 8, 1996
Comm. No. CC 226438

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE
FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING
AGENT UPON WHOM PROCESS MAY BE SERVED

In compliance with Section 48.091, Florida Statutes, the following is submitted:


Name of Corporation: State No-Fault Insurance of S. Semoran, Inc.

Registered Office Address: 4051 S. U.S. Highway 17-92
Casselberry, FL 32707

Registered Agent: Mark A. Vickery

The above Corporation at its listed registered office address hereby names individual listed above as its agent to accept service of process within the State of Florida.


Dated: March 4, 1996


Mark A. Vickery
Incorporator

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 15 PM 1:55

ACKNOWLEDGEMENT

Having been named to accept service of process for the above stated Corporation, at place designated in this certificate, I hereby accept to act in this capacity, and agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.


Mark A. Vickery
Registered Agent