

P96000027775

TRANSMITTAL LETTER

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

000001749800
-03/13/96--01130--001
*****78.50 *****78.50

SUBJECT: Employer Workers Compensation Fund, Inc.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM: Dinaven Bythwood
Name (printed or typed)

1855 D.W. 119 St
Address

Miami FL 33128
City, State & Zip

(305) 621-5067 / or (305) 308-3105
Daytime Telephone number

FILED
96 MAR 29 AM 8:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AL MAR 29 1995

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Employer Workers Compensation Fund, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1855 N.W. 119th
Miami, FL 33167

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 50

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Stanley Lewis
17220 N.W. 56th Ave.
Miami, FL 33055

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Dinawon Bythwood
13515 N.W. 119th St.
Miami, FL 33167

Title
Director

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

20th day of March, 19 96.

(An additional article must be added if an effective date is requested.)


Signature

Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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: Employer Workers Compensation Fund, Inc.

2. The name and address of the registered agent and office is:

Stanley Lewis
(NAME)

11220 N.W. 15th Ave.
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Miami, FL 33055
(CITY/STATE/ZIP)

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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.


(SIGNATURE)

20th March 1996
(DATE)