

P960000 50496

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870
 Mailing Address: Post Office Box 10349, Tallahassee, FL 32302
 TOLL FREE No. 1-800-342-8062
 FAX (904) 222-1222

NAME _____
 FIRM _____
 ADDRESS _____

PHONE () _____

Service: Top Priority _____ Regular _____
 One Day Service _____ Two Day Service _____

To us via _____ Return via _____

Matter No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

RECEIVED JUN 13 1996

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE 6/13			
TIME 9:30			CK No.
BY [Signature]			

WALK-IN
 Will Pick Up _____

RE: Chase Insurance Agency II, Inc No. 52504

	C.O. FEE.	DISBURSED
<input checked="" type="checkbox"/> Capital Express™		
<input checked="" type="checkbox"/> Art. of Inc. File		
Corp. Record Search		
Ltd. Partnership File		
Foreign Corp. File		
<input checked="" type="checkbox"/> Gen. Copy(s)		
Art. of Amend. File		
Dissolution/Withdrawal		
O U S.		
Fictitious Name File		
Name Reservation		
Annual Report/Reinstatement		
Reg. Agent Service		
Document Filing		
Corporate Kit		
Vehicle Search		
Driving Record		
Document Retrieval		
UCC 1 or 3 File		
UCC 11 Search		
UCC 11 Retrieval		
File No.'s, Copies		
Courier Service		
Shipping/Handling		
Phone ()		
Top Priority		
Express Mail Prep.		
FAX () pgs.		
SUBTOTALS		

100001861061
 -06/13/96-01021-018
 *****70.00 *****70.00

FEE.....	\$
DISBURSED.....	\$
SURCHARGE.....	\$
TAX on corporate supplies.....	\$
SUBTOTAL.....	\$
PREPAID.....	\$
BALANCE DUE.....	\$

Please remit invoice number with payment
 TERMS: NET 10 DAYS FROM INVOICE DATE
 1 1/2% per month on Past Due Amounts
 Past 30 Days, 18% per Annum.

THANK YOU
 from
 Your Capital Connection

ARTICLES OF INCORPORATION
OF
CHOICE INSURANCE AGENCY II, INC.

WE, the undersigned, for the purpose of forming a corporation for profit, pursuant to the laws of the State of Florida, do hereby adopt the following Articles of Incorporation:

ARTICLE I

NAME

The name of this corporation is: Choice Insurance Agency II Inc.

ARTICLE II

BUSINESS/MAILING ADDRESS

The business/mailing address of this corporation is:

6299 West Sunrise Boulevard
Suite 111
Sunrise, Florida 33313

ARTICLE III

DURATION

This corporation shall have perpetual existence commencing on the date of filing of the Articles of Incorporation by the Department of State.

ARTICLE IV

PURPOSE

This corporation is organized for the purpose of transacting any or all lawful business.

FILED
95 JUN 13 4:10:55
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

ARTICLE V

CAPITAL STOCK

This corporation is authorized to issue one thousand (1,000) shares of One (\$1.00) Dollar par value common stock, which shall be designated "Common Shares."

ARTICLE VI

VOTING RIGHTS

Each share of common stock of this corporation shall entitle the holder of record thereof to one (1) vote upon each proposal presented at lawful meetings of the stockholders.

ARTICLE VII

PREEMPTIVE RIGHTS

There shall be no preemptive rights in any stock herein issued or hereafter issued.

ARTICLE VIII

INITIAL REGISTERED OFFICE AND REGISTERED AGENT

The street address of the initial registered office of this corporation is: 6299 West Sunrise Boulevard, Suite 112, Sunrise, Florida 33313, and the name of the initial registered agent of this corporation at that address is: Jerome L. Hall

ARTICLE IX

INITIAL BOARD OF DIRECTORS

This corporation shall have one director initially. The number of directors may be either increased or diminished from time

to time by the by-laws, but never less than one. The name and address of the initial director of this corporation is:

Rhonda Simon
6299 West Sunrise Boulevard
Suite 111
Sunrise, Florida 33313

ARTICLE X

INCORPORATOR

The name and address of the Incorporator is:

Rhonda Simon
6299 West Sunrise Boulevard
Suite 111
Sunrise, Florida 33313

IN WITNESS WHEREOF, the undersigned has executed these Articles of Incorporation on this 11 day of June, 1996.

Rhonda M. Simon
Initial Director/Incorporator

STATE OF FLORIDA)
) SS.
COUNTY OF BROWARD)

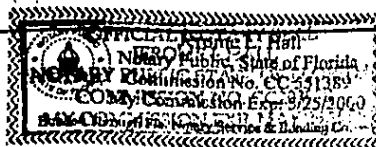
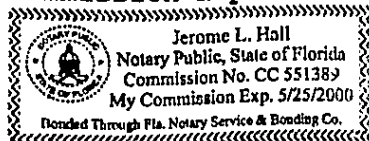
The foregoing instrument was acknowledged before me this 11 day of April, 1996, by Rhonda Simon, who is personally known to me or who has produced _____ as identification and who did (did not) take an oath.

NOTARY PUBLIC:

Signature:

Name (Typed or Printed):

My Commission Expires:



**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE
FOR THE SERVICE OF PROCESS WITHIN THIS STATE,**

In compliance with Sections 48.091 and 607.0801, Florida Statutes, the following is submitted:

FIRST - - That Choice Insurance Agency, II, Inc., desiring to organize or qualify under the laws of the State of Florida, with its principal place of business at 6299 West Sunrise Boulevard, Suite 111, City of Sunrise, State of Florida, has named Jerome L. Hall, located at 6299 West Sunrise Boulevard, Suite 112, City of Sunrise, State of Florida, as its agent to accept service of process within the State of Florida.

SIGNATURE: Blond M. Simon

TITLE: Director/Incorporator

DATE: 6/11/56

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.

SIGNATURE: Jerome L. Hall

Registered Agent

DATE: 6/11/56

P96000050496

60299 W SUNRISE BLVD SUITE 111
SUNRISE FL 33313

300001945783
-09/12/96--01065--012
*****35.00 *****35.00

Office Use Only

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

1. _____
(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 checked="" 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

FILED
96 SEP 12 PM 12:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SH 9/16

ARTICLES OF DISSOLUTION

Pursuant to 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation is CHOICE INSURANCE AGENCY II INC

SECOND: The articles of incorporation were filed on: 6/13/96

THIRD: (CHECK ONE)

- ☐ None of the corporation's shares have been issued.
- ☒ The corporation has not commenced business

FOURTH: No debt of the corporation remains unpaid.

FIFTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SIXTH: Adoption of Dissolution (CHECK ONE)

- ☐ A majority of the incorporators authorized the dissolution.
- ☒ A majority of the directors authorized the dissolution.

Signed this 10 day of September, 19 96

Signature

Rhonda M. Simon

(By the chairman or vice chairman of the board, president, or other officer - if there are no officers or directors, by an incorporator.)

RHONDA M SIMON

(Typed or printed name)

PRESIDENT

(Title)

FILED
65 SEP 12 PM 12:21
TALLAHASSEE, FLORIDA