Requestor's Name

CORPORATE ACCESS, INC. 1116-D THOMASVILLE RD	Addres
TALLAHASSEE, FL 32303	
(904) 222-2666	
City/State/Zip	

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	NAME(S) & DOCUMENT	• • • • • • • • • • • • • • • • • • • •	
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NEW FILINGS	AMENDMENTS	30 to 10 to	
✓ Profit	Amendment		
NonProfit	Resignation of R.A., Officer.	r/ Director	
Limited Liability	Change of Registered Agent	<u> </u>	
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OTHER FILINGS	REGISTRATION/ QUALIFICATION		
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Examiner's Initials

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## ARTICLES OF INCORPORATION

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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.

#### ARTICLEI NAME

The name of the corporation shall be:

RIVERO, GONZALEZ AND ASSOCIATES INSURANCE AGENCY INC.

### ARTICLE II PRINCIPAL OFFICE

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

8824 Coral Way Miami, Fla. 33165

#### ARTICLE III SHARES

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

50

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

ALFREDO GONZALEZ 1281 S.W. 124th Ct. Apt c Miami, Fl. 33184 ARTICLEV 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);

ALFREDO GONZALEZ Nestor Rivero

1281 S.W. 124th Ct. Miami, Fla. 33/84 10314 S.W. 3rd St. Miami, Fl. 31/700 33174

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

\_\_ day of \_\_ <u>, 19 \_ 1996 \_ .</u> Signature alfredo Gonzalez Nestor Rivero Signature Signature

NOTE: Affixing an officer title after a signature of an incorporator does not amstitute 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:	RIVERO, GONZALEZ AND A	SSOCIATES INSURANCE A	GENCY IN	IC
2.	The name and address of the regis	tered agent and office is:			
	ALFREDO GONZA	LEZ **	(1) (1)		
		(NAME)		: 🔟	
	/ <b>2</b> 81	S.W. 124th Ct. apt C	13	ាំ ¦ភ	
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	Miami, F	1. 33184		 3 ∷0	
		(CITY/STATE/ZIP)	<del></del>		

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.

alfredo gonzalez (BIGNATURE) (DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314