

960006046
TRANSMITTAL LETTER

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

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SUBJECT: FLORIDA'S BEST INSURANCE AND AUTO TAGS 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: L. SCOTT HOFF
Name (printed or typed)

5194 SW 90TH TERR.

Address

COOPER CITY, FL, 33328

City, State & Zip

954 561-4454

Daytime Telephone number

FILED
96 AUG -7 PM 2:31
TALLAHASSEE, FLORIDA

8/8/96
JD

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

ARTICLES OF INCORPORATION

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.

FILED
STRICT PM 2:31
FEB 23 1960
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: FLORIDA'S BEST INSURANCE AND AUTO TAGS INC.

ARTICLE II PRINCIPAL OFFICE

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

5194 S.W. 90TH TERR.
COOPER CITY, FL, 33328

ARTICLE III SHARES

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

500 SHARES OF \$1.00 PAR VALUE COMMON STOCK
SAID STOCK SHALL BE ISSUED PURSUANT TO A PLAN
UNDER SECT. 1244 OR THE I.R.S. CODE 1954 AS
ADDED BY THE SMALL BUSINESS TAX REVISION ACT OF 1958.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

L. SCOTT HOFF
5194 S.W. 90TH TERR.
COOPER CITY ,FL, 33328

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):

L. SCOTT HOFF
5194 S.W. 90TH TERR.
COOPER CITY, FL, 33328

ARTICLE VI

ALL SHAREHOLDERS OF THE CORP. SHALL BE VESTED WITH FULL
PREEMPTIVE RIGHTS.

ARTICLE VII

THE AMOUNT OF CAPITAL WITH WHICH THE CORP. SHALL BEGIN BUSINESS
SHALL BE NOT LESS THAN FIVE HUNDRED DOLLARS(\$500.00).

ARTICLE VIII

THE CORP. SHALL HAVE THE POWER TO AMEND, ALTER, CHANGE OR
REPEAL ANY PROVISION OF ITS CERTIFICATE OF INCORPORATION IN FORM
OR SUBSTANCE WHEN PROPOSED AND APPROVED BY ITS BOARD OF DIRECTORS
AND CONSENTED THERETO AT A STOCKHOLDERS MEETING BY NOT LESS THAN
THE MAJORITY OF THE COMMON STOCK; BUT WHERE THE PROPOSED AMENDMENT
WOULD DECREASE THE AMOUNT PAYABLE AS A PREF., OR OTHERWISE ADVERSELY
EFFECT THE RIGHTS OF ANY KIND, CLASS OR SERIES OF STOCK, A VOTE OF NOT
LESS THAN A MAJORITY OF THE HOLDERS THEREOF SHALL BE REQUIRED FOR ITS
ADOPTION.

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

3 day of AUG, 19 96.

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

J Scott / d m Pres
Signature
J Scott / d m VP
Signature
J Scott / d m Sec
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: FLORIDA'S BEST INSURANCE AND AUTO TAGS INCL.

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

L. SCOTT HOFF

(NAME)

5194 S.W. 90TH TERR.

(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

COOPER CITY, FL, 33328

(CITY/STATE/ZIP)

L. SCOTT HOFF
5194 S.W. 90TH TERR.
COOPER CITY, FL, 33328

FILED
1996 AUG -7 PM 2:32
TALLAHASSEE, FLORIDA

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)

8/31/96
(DATE)

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