# MCOULGG/GG TRANSMITTAL LETTER

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

		ED TNSUM		USULTANTS, TAL
			-08/0	0001915750 08/9601005004 **70.00 *****70.00
Enclosed is an origina for : \$70.00 Filing Fee	# and one (1) co # \$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy Additional Cop	\$131.25 Filing Fee, Certified Copy & Certificate	and a check
FROM: ROLANDO FERNANDEZ  Name (printed or typed)  2844 W. 75 ST.				V8/96
Address  HIALEAH, FL . 33016  City, State & Zip  (305) 536 - 8528  Daytime Telephone number				

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.

## ARTICLE I NAME

The name of the corporation shall be:

A ACCREDITED INSURANCE CONSULTANTS, INC.

## ARTICLE II · PRINCIPAL OFFICE

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

P.O. BOX 4010 MIANI LAKES, FC. 33014-0010

# ARTICLE III SHARES

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

100 Shares AT #1,00 EACH

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

ROLANDO FERNANDEZ 2844 W 75 ST HIALEAH, FL. 33016

#### 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):

ROLANDO FERNANDEZ 2844 W 75 ST HALEAH, FC. 3301.6

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

4 day of <u>AUGUST</u>, 19 <u>96</u>.

(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: A ACCRED / TED IN.	SURANCE
	CONSULTANTS, II	VC.
2.	The name and address of the registered agent and office is:	
	ROLANDO FERNANDEZ	
	(P.O. Box or Mail Drop Box NOT ACCEPTABLE)	(C.)) 10.00
	HALEAH FC. 33016 (CITY/STATE/ZIP)	-

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)

(DATE)