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TRANSMITTAL LETTER

FILED
AUG 19 1996
TALLAHASSEE, FL

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

700001924717
-08/16/96--01089--003
****131.25 ****131.25

SUBJECT: Ultimate Insurance, 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:

Robert A Robbins
Name (printed or typed)

9200 S. Dadeland Blvd, Suite 400
Address

Miami, Florida 33156
City, State & Zip

305-670-8002
Daytime Telephone number

8-19-96
TB

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
95 JUN 16 11:53
CLERK OF CIRCUIT COURT
MIAMI, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Ultimate Insurance, Inc.

ARTICLE II PRINCIPAL OFFICE

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

15816 S.W. 137th Avenue
Miami, Florida 33177-1203

ARTICLE III SHARES

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

100 shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Robert A. Robbins
9200 S. Dadeland Blvd.
Suite 400
Miami, Florida 33156

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

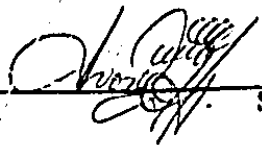
The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Ivon Otoro
9332 S.W. 6th Terrace
Miami, Florida 33174

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

31 day of July, 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: Ultimate Insurance, Inc.

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

Robert A. Pobbins Esquire
(NAME)

9200 S. Dadeland Blvd, Suite 400
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Miami, Florida 33156
(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)

8/9/96
(DATE)