

P960000 74288

TRANSMITTAL LETTER

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

700001938937
-09/04/96--01170--002
****122.50 ****122.50

SUBJECT: A AABLE INSURANCE AGENCY 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:

R. S. Wible

Name (printed or typed)

P.O. BOX 540044

Address

OPA LOCKA, FLORIDA 33054

City, State & Zip

(305) 624-7911

Daytime Telephone number

LORAC TAX SERVICE
16519 N.W. 27TH AVE.
OPA LOCKA, FL 33054

RECEIVED
TALLAHASSEE, FLORIDA

SEP-4 AM 8:49

SN 000000000000

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 AABLE INSURANCE AGENCY INC

ARTICLE II PRINCIPAL OFFICE

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

7973 MIRAMAR PARKWAY
MIRAMAR, FLORIDA 33023

ARTICLE III SHARES

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

8,000 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

JAMES A. ANDING
4480 SW 64TH AVENUE
DAVIE, FLORIDA 33314

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):

JAMES A. ANDING
5212 NE 6TH AVENUE - #4D
FT LAUDERDALE, FLORIDA 33324

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

23rd day of August, 19 96.



Signature James A. Anding

Signature

Signature

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 AABLE INSURANCE AGENCY INC

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

JAMES A. ANDING

(NAME)

4480 SW 64TH AVENUE

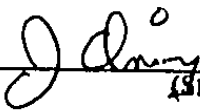
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

DAVIE, FLORIDA 33314

(CITY/STATE/Zip)

RECEIVED
SEP 11 1996
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)

August 23, 1996

(DATE)

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