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JULIAHASSEL 11 12111-2607
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P9000070512



PREMIER MAIL
LEGATATIN/CI SERVICE ACCOUNT NO. : 072100000032

REFERENCE : 085142 7115695

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE : September 13, 1996

ORDER TIME : 11:45 AM

ORDER NO. : 085142

CUSTOMER NO: 7115695

CUSTOMER: Mr. Paul Venturelli
ATLANTIC INSURANCE SERVICE

767 Northlake Boulevard

North Palm Beach, FL 33408

000001347030
09/13/96 01030-012
*****70.00 *****70.00

DOMESTIC FILING

NAME: ATLANTIC INSURANCE SERVICES
INC.

EFFECTIVE DATE:

XXX ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XXX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Harry B. Davis

EXAMINER'S INITIALS:

RECEIVED
96 SEP 13 PM 12:37
DIVISION OF CORPORATION

9/13/96

ARTICLES OF INCORPORATION

OF

Atlantic Insurance Services Inc.

ARTICLE I NAME

The name of the corporation shall be: Atlantic Insurance Services Inc.

ARTICLE II PRINCIPAL OFFICE

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

767 Northlake Blvd.

North Palm Beach, Florida 33408

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 10,000.

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Paul A. Venturelli

767 Northlake Blvd

North Palm Beach, FL 33408

FILED
CLERK OF DISTRICT COURT
2008
23 SEP 13 PM 3:15

ARTICLE V INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

Paul A. Venturelli

767 Northlake Blvd.

North Palm Beach, FL 33408

The undersigned has executed these Articles of Incorporation this 26th day of July 1996.

Paul Venturelli

, Incorporator

**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: ATLANTIC INSURANCE SERVICES INC.

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

PAUL A. VENTURELLI

(Name)

767 NORTHLAKE BLVD

(P.O. Box ~~NOT~~ acceptable)

NORTH PALM BEACH, FLORIDA 33408

(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

Paul Venturelli

DATE 9-9-96

REGISTERED AGENT FILING FEE: \$35.00

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