# 0960000083669

#### TRANSMITTAL LETTER

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

SUBJECT:	(proposed corporate name)	200001966922 -10/08/9601020009 ****122.50 ****122.50
Enclosed, plea corporation and	se find an original and one (1) copy of the articles of incord check in the amount of \$\$122.50	poration for the above
FROM:	TINA M. TURNER. C.P.A., ESQUIRE  Name 9485 Sunset Drive, Suite A-230  Address Miami, Florida 33173  City, State, & Zip  (305) 598-8722	SECRETARY OF STATES  OFFICE CORPORATIONS  OFFICE PROPERTY OF STATES  OFFICE
Note: Additions	Telephone Number  al copy of articles is needed when certified copy is requested.	
	· .	

### Tina M. Turner, C.P.A., Esq.

240 Crandon Boulovard Suito 114 Koy Biscayno, Florida 33149 Telephono (305) 381-8484 'Fax (305) 381-5758

Reply To:

9465 Gunsel Orive Suite A-230 Miami, Fiorida 33173 Telephone (305) 596-8722 Fax (305) 598-8215

HIAHI

September 27, 1996

Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32301

Re: INCORPORATION OF: RANDALL J. CASON, P.A.

Gentlemen:

Enclosed please find the following documents for filing for the above corporation:

- 1. Original and copy of Articles of Incorporation:
- Original and one copy of Certificate Designating Resident Agent and Acceptance of Agent;
- 3. My client's check in the amount of \$122.50 as payment for the following:

Filing Fee 35.00
Certificate Designating
Resident Agent 35.00
Certified Copy of
Charter 52.50
\$122.50

Enclosed for your convenience is a self-addressed, prepaid express mail envelope to send me a certified copy of the Articles of Incorporation, and the Certificate Designating Resident Agent.

SECRETARY OF STATE DIVISION OF CORPORATIONS

96 OCT -7 PH 12: 46.

Secretary of State September 27, 1996 Page 2

Re: Incorporation of: RANDALL J. CASON, P.A.

Thank you in advance for your prompt attention to this matter.

Very truly yours,

TINA M. TURNER

TMT:mbt Enc:

cc: Mr. Randall J. Cason

95 OCT -7 PH12: 46

## ARTICLES OF INCORPORATION OF RANDALL J. CASON, P.A.

The undersigned natural persons, each of whom is licensed or otherwise legally authorized to practice in the profession of sale of insurance in the State of Florida, hereby associate themselves with the intention of forming a professional corporation in accordance with the Florida Professional Service Corporation Act, and hereby adopt the following articles of incorporation for such corporation:

#### ARTICLE I. NAME

The name of the corporation is Randall J. Cason, P.A.

#### ARTICLE II. DURATION

The period of the corporation's duration shall be perpetual, or until dissolved on a vote of the shareholders as hereafter provided.

#### ARTICLE III. PURPOSE

The sole and exclusive professional service to be rendered by the corporation is the sale of insurance, and the provision of financial services.

#### ARTICLE IV. CAPITAL STOCK

The total number of shares of capital stock which the corporation shall be authorized to issue is 5,000 shares. Such shares shall be of a single class of common stock, and shall have a par value of \$1.00 Dollar per share.

#### ARTICLE V. CAPITALIZATION

The amount of capital with which the corporation will begin to perform the service of insurance sales is not less than \$1,000.00.

#### ARTICLE VI. PRINCIPAL OFFICE

The address of the corporation's principal office is 9485 Sunset Drive, in the City of Miami, County of Dade, State of Florida, 33173. The name of the initial registered agent of the corporation, located at such office is:

Tina M. Turner, CPA, Esq. 9485 Sunset Drive Suite A-230 Miami, Florida 33173

#### ARTICLE VII. CORPORATE POWERS

The corporation shall have all the rights and powers now or hereafter conferred on professional corporations by the laws of the State of Florida.

#### ARTICLE VIII. INCORPORATOR

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

Randall Cason 9485 Sunset Drive Miami, Florida 33173

#### ARTICLE IX. DIRECTORS

The corporation is to be managed by a board of directors. The number of directors constituting the initial board of directors is one, and the name and address of the initial director is:

Name: Randall Cason

Address: 9485 Sunset Drive, Suite Miami, Florida 33173

The initial director shall hold office until his successors are elected and qualified as provided in the bylaws. Thereafter the term of office of each director shall be 2 years and the election and qualification of a successor. The number of directors set forth herein and constituting the initial board of directors shall be the authorized number of directors until such number is changed by a bylaw duly adopted by the shareholders.

#### ARTICLE X. BYLAWS

The initial directors shall submit the proposed bylaws to the shareholders at a meeting to be held for that purpose not more than 30 days following the issuance of the Certificate of Incorporation. Following the adoption of bylaws by the affirmative vote of three fourths of the shareholders, the internal affairs of the corporation are to be regulated and managed in accordance with such bylaws.

#### ARTICLES XI. OF DISSOLUTION

The corporation may be dissolved at any time (1) by unanimous written consent of the shareholders; or (2) on the affirmative vote of the holders of at least two-thirds of the outstanding shares of the corporation entitled to vote thereon. On dissolution, the corporate property and assets shall, after payment of all debts of the corporation, be distributed to the shareholders pro rata, each shareholder to participate in the distribution in direct proportion to the number of shares held by him.

In witness hereof, I, RANDALL J. CASON, the undersigned incorporator of this corporation, has executed these articles of incorporation at Miami, Florida, on the 21,2 day of September, 1996.

RANDALL J. CASON, P.A.

By:

Randall J. Cason

STATE OF FLORIDA

**COUNTY OF DADE** 

SWORN TO AND SUBSCRIBED before me, an officer duly qualified to take acknowledgments, personally appeared, RANDALL J. CASON, to me personally known to be the person described in and who executed the foregoing instrument and acknowledged before me that he executed same.

WITNESS my hand and official seal in the County and State last aforesaid this day of September, 1996.

Notary Public, State of Florida at Large

Name of Notary:

My Commission Expires:



#### CERTIFICATION OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

SECRETARY OF STATE OF CORPORATIONS
96 OCT -7 PH 12: 46

Pursuant to the provisions of section 607,0501 or 617,0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statements in

designating the registered office/registered agent, in the Sta .. of Florida.

1.	The name of the corporation is:RANDALL J. CASON, P.A.
2.	The name and address of the registered agent and office is:
	TINA M. TURNER, C.P.A., ESQUIRE
	(NAME)
	9485 SUNSET DRIVE, SUITE A-230
	(P.O. BOX <u>NOT</u> ACCEPTABLE)
	MIAML FLORIDA 33173
	(CITY/STATE/ZIP)
PRO THIS AND PRO PERI	VING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF CESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE VISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE FORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE IGATIONS OF MY POSITION AS REGISTERED AGENT.
	(x, y)
	SIGNATURE
	DATE 9 27 140

REGISTERED AGENT FILING FEE: