60000 89257 PD INSURANCE AGENCY, INC. 7900 N.W. 27th AVENUE # 159 MIAMI, FL. 33147 City/State/Zip Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) ☐ Walk in Pick up time Certified Copy ☐ Will wait Photocopy Mail out Certificate of Status AMENDMENTS NEW FILINGS Profit Amendment NonProfit Resignation of R.A., Officer/ Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger REGISTRATION/ OTHER FILINGS OUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement A CONTROLL DCT 3 0 1996 Trademark Other

Examiner's Initials

CR21 (133(1.95)

ARTICLES OF INCORPORATION

SOCT 28 ANII: 56

The undersigned incorporator(s) for the purpose of forming a corporation under the Horida's Business Corporation Act, hereby adopt (s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: PD INSURANCE AGENCY, INC.

ARTICLE II PRINCIPAL OFFICE

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

7900 NW 27TH Avenue # 159 Miami, Fl. 33147.

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100

Paul Munroe

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Paul Munroe

7900 NW 27TH Avenue # 15 9

Miami, Fl. . 33147.

ARTICLE V INCORPORATOR(S)

The name(s) and address(es) of the incorporator(s) to these Articles of Incorporation is (are):		
Paul Munroe	7900 NW 27TH Avenue	Miami, Fl. 33147
The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 6th day of August, 1996.		
	Pane Murree. Signature	
	Signature	

Signature

OFFICIAL NOTARY SCAL OFFICIAL NOTARY SCAL OFFICIAL NOTARY SCAL CONSISSION FOR JUNE 11100

DV MARSH

Sworn to and subscribed to me this 6th day of August, 1996.

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: PD INSURANCE AGENCY, INC. .
- 2. The name and address of the registered agent and office is:

Paul_Munroc____

7900 NW 27th Avenue # 159

Miami, Ft 33147.

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 and accept the obligations of my position as registered agent.

Signature 10-6-ab