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

600002043676--6 -01/02/97--01059--025 ****131.25 ****131.25

SUBJECT: PFPORDA BLE INSURANCE AGENCE (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

\$131.25

Filing Fee & Certified Copy Filing Fee,

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: JACQUES M. SAIHT-UIL
Name (Printed or typed)

H. Miami BCH FL. 33162
City, State & Zip

NOTE: Please provide the original and one copy of the articles.

JAN-10, 1997

JACQUE M. SAINT. UIL 110 M.E 172 SF M. M. AMI BCH. fl. 33/62 REF#Y-97000000438

MRS DORIS _ DEPT OF STATE Division OF ORPORATIONS P.O. BOX 6327 THLLAHASSEE FL, 32314

DEAR MADAM.

I SPOKE YITH YOU OVER THE PHONE ON
JAH 10, 97 ABOUT THE HAME OF MY CORPORATION AND HAVE BEEN NOTIFIED ABOUT THE CHANGE I HAVE TO MAKE ON THE HAME OF MY CORPORATION. I CALLED FOR HAME AVAILABILITY
AND HAVE BEEN HOTIFIED THAT AFFORDABLE
IN SURANCE SERVICES SHOULD BE ALL RIGHT
INSTEAD OF AFFORDABLE INSURANCE AGENCY
IN HOSE YOU WILL HELP ME WITH YOUR
PROMPT ACTION REFERING MY CASE, I THANK
YOU FOR YOUR ATTENTION.

JACQUES H. SAINFUIL REF# W-9700000438



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

January 8, 1997

JACQUES M. SAINT-UIL 110 NE 172 STREET NORTH MIAMI BEACH, FL 33162

SUBJECT: AFFORDABLE INSURANCE AGENCY, INC. Ref. Number: W97000000438

We have received your document for AFFORDABLE INSURANCE AGENCY, INC. and your check(s) totaling \$131.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6923.

Doris McDuffie Corporate Specialist Supervisor

Letter Number: 897A00000879

ARTICLES OF INCORPORATION

FILED

97 JAN 15 AM 11: 05

The undersigned incorporator(s), for the purpose of forming a corporation under the Filipida Business. STATE TALLAHASSEE, FLORIDA

The name of the corporation shall be: AFFORDABLE INSURANCE SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

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

1549 N.E 164 ST M. MIAMI BEACH FL. 33162

> ARTICLE III **SHARES**

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

Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

JACQUES M. SAINT- VIL 110 M.E 172 ST M. MIAMI BOH FL. 33162

ARTICLE V INCORPORATOR(S)

· 通過學者以表現的

See instructions for officers/directors

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

JACQUES M. SAIHT-UIL 110 H.E 1725F H. MIAMI BCH, FL. 33162

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

01 day of <u>JAHUARY</u>, 19<u>97</u>.

(An additional article must be added if an effective date is requested.)

Signature
Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

FILED

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

97 JAN 15 AM 11:05

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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_	AFFORDA BLE	INSURANCE SERVICES	, INC.

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

JACQUES M. SAINT-UIL
(NAME)

110 H.E 172 ST
(P. O. Box or Mail Drop Box NOT ACCEPTABLE)

H. MIAMI BCH FL 33162
(CTTY/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.

J~. n. sull. 01/10/97