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FLORIDA DIVISION OF CORPORATIONS
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TO: DIVISION OF CORPORATIONS FAX #: (904)922-4001
FROM: FAS-T CORP. AGENTS, INC. ACCT#: 071001002335
CONTACT: LIDIA FERNANDEZ FAX #: (305)716-0346
PHONE: (305)599-0839
NAME: SMITH CROWN AND ASSOC INSURANCE AGENCY INC.
AUDIT NUMBER.....H97000001332
DOC TYPE.....FLORIDA PROFIT CORPORATION OR P.A.
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA**ARTICLES OF INCORPORATION****OF****SMITH CROWN AND ASSOCIATES INSURANCE AGENCY INC. #1**

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of incorporation.

ARTICLE I NAME

The name of the corporation shall be:

SMITH CROWN AND ASSOCIATES INSURANCE AGENCY INC. #1

The principal place of business of this corporation shall be: 3744 S.W. 133rd Place
Miami, Fl 33175

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is: 500 Shares at \$1.00 Par Value.

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

P/S/T-V/P: Carlos Benitez 3744 S.W. 133rd Place
Miami, Fl 33175

Prepared by: Carlos Benitez
3744 S.W. 133rd Place
Miami, Fl 33175
(305) 207-9838

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ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

Carlos Benitez 3744 S.W. 133rd Place
Miami, Fl 33175

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this 23rd day of January, 1997.

Signature(s) of Incorporator(s)

Carlos Benitez

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**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 607.325, 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 _____

SMITH CROWN AND ASSOCIATES INSURANCE AGENCY INC. #1

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

Carlos Benitez 3744 S.W. 133rd Place

(P.O. BOX NOT ACCEPTABLE)

Miami, FL 33175

(CITY/STATE/ZIP)

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TALLAHASSEE, FLORIDA

SIGNATURE

Carlos Benitez
(corporate officer)

TITLE

President

DATE

1-23-97

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE

Carlos Benitez

DATE

1-23-97

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