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CORPORATION(S) NAME

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(X) Certified Copy	() Photo Copies		() Certificate Under Seal
() Call When Ready	() Call If Problem		() After 4:30
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Availability

Examiner Updater

Verifier

Acknowledgment

W.P. Varifier

Empire Toll Free: 1-800-432-3028



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

March 25, 1997

EMPIRE

TALLAHASSEE, FL

SUBJECT: KJL, INC.

Ref. Number: W97000006903

We have received your document for KJL, INC. and your check(s) totaling \$122.50. 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) 487-6928.

Agnes Lunt Corporate Specialist

Letter Number: 597A00015040



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

March 27, 1997

EMPIRE

TALLAHASSEE, FL

SUBJECT: LOWE & ASSOC. INC. Ref. Number: W97000006903

We have received your document for LOWE & ASSOC. INC.. However, the document has not been filed and is being returned for the following:

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) 487-6928.

Agnes Lunt Corporate Specialist

Letter Number: 897A00015563

ARTICLES OF INCORPORATION

οf

KJL	Insura	ince Sales, I	INC.
	(name of	corporation)	
The undersigned subscriber(s) to these Articorporation under the laws of the State of F	icles of Incorpor Florida.	ation, natural person(s) competent	t to contract, hereby form a
	ARTICLE I - C	ORPORATE NAME	
The name of the corporation is:	,2,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
KJ	L Ins	surance Sales	i, Inc.
		II - DURATION	FIL 97 HAR 31 SECRETAS TALLAHASS
This corporation shall exist perpetually un	nless dissolved a	ccording to Florida law.	Series CD
	ARTICLE	III - PURPOSE	ED PM 1: 00 OF STATE
The corporation is organized for the purp United States and the State of Florida.	ose of engaging	in any activities or business permi	itted under the laws of the
	ARTICLE IV	- CAPITAL STOCK	
The corporation is authorized to issue	Common Stock	shares (100) of, which shall be designated "Com	mon Shares".
ARTICLE	V - INITIAL RE	GISTERED OFFICE AND AGEN	Т
The street address of the Initial Register	ed Agent office	and the name of the Initial Registe	red Agent at that office is:
NAME KIM J. LOU ADDRESS 8211 N.W. 10	ol oto st.		
CITY Pembroke Pi	ns.	FLORIDA	zip 33024
The principal office, if known, or the m	ailing address of	the corporation is:	
	rance S		1000
address 2101 W. Com	Α	FLORIDA	zip33309

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ARTICLE VI - INIȚIAL BO	JAKD UF DIKECIUKS	
This corporation shall have(directors initially. The number of directo t shall never be less than one (1). The name	rs may be either nes and addresses
- Kin T LOWE		
NAME KIM J. LOWE		
ADDRESS ALI N.W. 1012 ST.	STATE Florida	zip.33024
CITY PAMBE OF PINCS	STATE 1/10/1000	ZIFJSCAT
NAME (har lotter)		
address 6270 Starman St.	TI ida	220.71
CITY HOLLYWOOD	STATE FIORICAL	ZIP JODNILI
NAME		
ADDRESS		
сттү	STATE	ZIP
NAME KIM J. LOWE ADDRESS 8211 N.W. 10th St.	STATE Florida	zip 330,24
NAME	· · · · · · · · · · · · · · · · · · ·	
ADDRESS		
CITY	STATE	ZIP
NAME		
ADDRESS		
CITY	STATE	ZIP
IN WITNESS WHEREOF, the undersigned subscriber(s) h day of	ave executed these Articles of Incorporation	on this 24th (Scal) (Scal)
		(Senl)

CERTIFICATE AND KNOWLEDGEMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT
OF

TALLAHASSEE, FLORIED

KJL Insurance Sales, Tight

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted: The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at 8211 N.W. 10th St.

Pembroke Pines, Florida 33024

has named Kim J. Lowe
located at the aforesaid address, as its Registered Agent to accept service of process within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

Lind Inul
(registered agent)