

P97000032477

max mesadieu Dorest
Requestor's Name

17 N.W. 70 St.
Address

Miam. Fl. 33150
City/State/Zip Phone #

100002138311--1
-04/03/97- -0111/- -004
*****70.00 *****70.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) _____ (Document #)
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED
97 APR -3 PM 11:01

APR 10 1997

97 APR -9 12:11:01
FILED
SEC. OF STATE
TALLAH. FLA.

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:
FRIENDLY INSURANCE MULTI SERVICE INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:
300 w. Sunrise Blvd suite 1 Fort Lauderdale Fl. 33311

ARTICLE III SHARES

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

ONE THOUSAND (1000) SHARES of common stock; each share having the value of; ONE (1.00) dollar.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MAXO MESADIEU DOREST 17 N. W. 70 STREET MIAMI FLORIDA 33150

ARTICLE V INCORPORATION (S)

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

Maxo Mesadiou Dorest 17 N W. 70 Street Miami FL 33150

President

Ketelie Ilteus 1304 N. E. 4ave FT Lauderdale FL 33304

Vice President/Secretary

the undersigned incorporator(s) has (have) executed These articles of incorporation this
8 th day of April , 1997.


Signature


Signature

CERTIFICATE OF RESIDENT AGENT

I pursuance of chapter 48.091 Florida statutes, the following is submitted in compliance with said ACT.

FIRST: that: FRIENDLY INSURANCE MULTI SERVICE INC.
desiring to organize under the laws of the state of Florida, with its principal office as indicated in the article of incorporation at:

City of	Fort Lauderdale	County of	Broward
State of	Florida	Has named	Maxo Mesadiou Dorest.
Located at			
City of	Miami	County of	Dade
State of	Florida	As its residence agent to accept service	
of process within this state.			

Acknowledgement:

Having been named to accept services of process for the above stated corporation at place designated in this certificate, I hereby accept to act in this capacity, and agree to comply with the provision act, relative to keeping open said office.

By: _____

Maxo Mesadiou Dorest
President Agent

FILED
97 SEP - 5 11:01
FBI

Certificate of designation of registered
Agent/REGISTERED OFFICE

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 statement in designating the registered office /registered Agent, in the state of Florida.

1. The name of corporation is: FRIENDLY INSURANCE MULTI SERVICE INC.
2. The name and address of the registered agent and office is:

MAXO MESADIEU DOREST
300 W. SUNRISE BLVD STE 1 FORT LAUDERDALE FLORIDA 33311

ADDRESS

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.


(Signature)


(Date)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314

FILED
97 APR -9 09 11:01
TALLAHASSEE