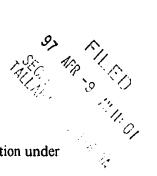
Requestor's Name Address 100002138311--1 -04/09/57-01117-004 ***** 70,000 ++** 70,00 City/State/Zip Phone # Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): 1. (Corporation Name) (Document #) 2. (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) ☐ Walk in Pick up time Certified Copy Mail out Will wait Photocopy 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 OTHER FILINGS REGISTRATION/ QUALIFICATION Annual Report EEFFF. 1 0 1084 Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark Other

CR2E031(195)

Examiner's Initials



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.

ADET INSURANCE MOETI 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 Mesadieu Dorest 17 N W. 70 Streeet 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: <u>FRIENDLY INSURANCE MULTI SERVICE INC</u>. 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 Mesadieu Dorest.

Located at

City of Miami County of Dade

State of Florida As its residence agent to accept service

of process within this state.

Acknowlegement:

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.

Maxo Mesadieu Dorest

President Agent

Certificate of designation of registered Agent/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501 or 617.0501, FLORIDA Stautes, 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 satate 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)

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