

LANGRISH CORPORATE INDUSTRIES, INC.
Requestor Name

90 S.W. 8th AVE. SUITE 216
Address

MIAMI, FLORIDA 33174 (305) 552-5973

City/State/Zip

Phone #

LOCAL REPRESENTATIVE TALLAHASSEE

Office Use Only

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

1. ~~LANGRISH ASSOCIATES, INC.~~
(Corporation Name) (Document #)
2. ~~400002156274--5~~
(Corporation Name) (Document #) -04/28/97--01029--022
*****78.75 *****78.75
3. Providence Insurance Company, Inc.
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time 2:00

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☒ Certificate of Status

NEW FILINGS	
☒	Profit
☐	NonProfit
☐	Limited Liability
☐	Domestication
☐	Other

AMENDMENTS	
☐	Amendment
☐	Resignation of R.A., Officer/ Director
☐	Change of Registered Agent
☐	Dissolution/Withdrawal
☐	Merger

OTHER FILINGS	
☐	Annual Report
☐	Fictitious Name
☐	Name Reservation

REGISTRATION/QUALIFICATION	
☐	Foreign
☐	Limited Partnership
☐	Reinstatement
☐	Trademark
☐	Other

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:

FILED
97 APR 28 PM 56
SECRETARY OF STATE
TALLAHASSEE
FLORIDA

ARTICLE I NAME

The name of the corporation shall be: PROVIDENCE INSURANCE COMPANY, INC.

ARTICLE II PRINCIPAL OFFICE

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

2220 S.W. 100 AVENUE
MIAMI, FL. 33165

ARTICLE III SHARES

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

SHARES: 100 PAR VALUE: \$1.00

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

RODOLFO LANG
2220 S.W. 100 AVENUE
MIAMI, FL 33165

ARTICLE V INCORPORATOR(S)

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

RODOLFO LANG
LISAMARA LANG
2220 S.W. 100 AVENUE
MIAMI, FL 33165

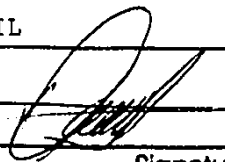
ARTICLE VI DIRECTOR(S)

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

RODOLFO LANG
LISAMARA LANG
2220 S.W. 100 AVENUE
MIAMI, FL 33165

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

____ 24 ____ day of APRIL, 19 97.



J Signature

Signature

Signature

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 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 the corporation is: _____

PROVIDENCE INSURANCE COMPANY, INC.

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

RODOLFO LANG

(NAME)

2220 S.W. 100 AVENUE

(P.O. BOX NOT ACCEPTABLE)

MIAMI, FL 33165

(CITY/STATE/ZIP)

97 APR 28 PM 2:56
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

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 4/24/97