

PA7000038170

DATE 4-1-97

SECRETARY OF STATE  
CORPORATION DIVISION  
STATE OF FLORIDA  
TALLAHASSEE, FL 32304

ent #)

ent #)

1100102158570--0  
04/29/97 0104-012  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

RE: INSURANCE PLANS OF FLORIDA, INC.

ent #)

GENTLEMEN:

ENCLOSED HERewith ARE THE ARTICLES OF INCORPORATION TOGETHER WITH  
A COPY OF SAID ARTICLES FOR INSURANCE PLANS OF FLORIDA, INC.

OUR CHECK IN THE AMOUNT OF \$70.00 INCLUDES THE FOLLOWING:

FILING FEE  
CHARTER TAX  
REGISTERED AGENT TOTAL: \$ 70.00

RESPECTFULLY SUBMITTED,

  
(Individual's Name)

SIGNER'S NAME: DEBRA BOHANAN  
ADDRESS: 2900 NORTH 36 AVENUE  
HOLLYWOOD, FLORIDA 33021  
DAYTIME PHONE: (954) 966-2386

FILED  
97 APR 28 AM 11:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dmc  
4/29/97

**FILED**

**ARTICLES OF INCORPORATION  
OF  
INSURANCE PLANS OF FLORIDA, INC.**

**97 APR 28 AM 11:37**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**ARTICLE I NAME**

The name of the corporation shall be **INSURANCE PLANS OF FLORIDA, INC.**

**ARTICLE II PURPOSE**

The corporation may engage in any activity or business permitted under the laws of the United States and of the State of Florida.

**ARTICLE III CAPITAL STOCK**

The maximum number of shares of capital stock that this corporation is authorized to have outstanding at any one time is **TEN THOUSAND (10,000)** shares of common stock, having a par value of **ONE (\$1.00) DOLLAR PER SHARE.**

The amount of capital with which this corporation will begin business shall be the sum of not less than **FIVE HUNDRED (\$500.00) DOLLARS.**

**ARTICLE IV DURATION**

This corporation shall exist perpetually unless sooner dissolved according to law.

**ARTICLE V    INITIAL REGISTERED AGENT**

The name and address of the initial registered agent is:

Debra Bohanan  
2900 North 36 Avenue  
Hollywood, FL 33021

**ARTICLE VI    INCORPORATOR**

The name and street address of the incorporator to these Articles of Incorporation is:

Debra Bohanan  
2900 North 36 Avenue  
Hollywood, FL 33021

**ARTICLE VII    PRINCIPAL OFFICE**

The initial street address of the principal office of the corporation shall be:

2900 North 36 Avenue  
Hollywood, FL 33021

**ARTICLE VIII    DIRECTORS**

The number of Directors of this corporation shall be at least one (1) and no more than ten (10).

The name and street address of the member of the first Board of Directors of this Corporation is as follows:

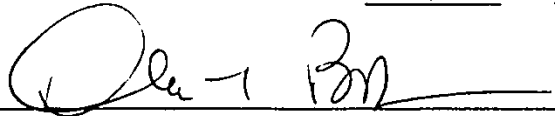
Debra Bohanan  
2900 North 36 Avenue  
Hollywood, FL 33021

ARTICLE IX SUBSCRIBER

The name and address of the person signing these Articles of Incorporation as subscriber is as follows:

Debra Bohanan  
2900 North 36 Avenue  
Hollywood, FL 33021

IN WITNESS WHEREOF, the undersigned, Debra Bohanan, competent to contract, has hereunto set her hand and seal this 1 day of April, 1997.

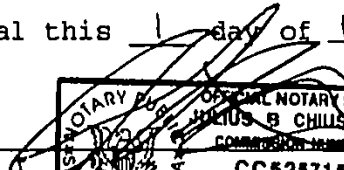
  
Debra Bohanan

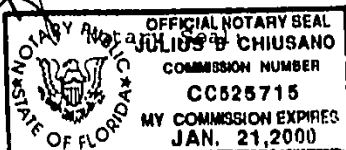
STATE OF FLORIDA  
COUNTY OF BROWARD

BEFORE ME, the undersigned Notary Public of the State of Florida, personally appeared Debra Bohanan known to me to be the individual described in and who executed the foregoing Articles of Incorporation, who acknowledged before me that she executed the same freely and voluntarily for the purpose therein expressed.

(Check ☒ She is personally known to me.  
One) ☒ She provided the following type of identification:

WITNESS my hand and official seal this 1 day of APRIL, 1997.

  
Notary Public, State of Florida  
My commission expires JAN. 21, 2000



**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE  
SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS  
MAY BE SERVED**

IN COMPLIANCE WITH SECTION 607.325, FLORIDA STATUTES, THE FOLLOWING IS  
SUBMITTED:

FIRST THAT INSURANCE PLANS OF FLORIDA, INC.

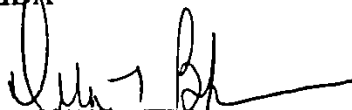
WITH ITS PLACE OF BUSINESS AT 2900 NORTH 36 AVENUE  
HOLLYWOOD, FLORIDA 33021

HAS NAMED DEBRA BOHANAN

LOCATED AT 2900 NORTH 36 AVENUE  
HOLLYWOOD, FLORIDA 33021

CITY OF HOLLYWOOD, STATE OF FLORIDA, AS ITS AGENT TO ACCEPT  
SERVICE OF PROCESS WITHIN FLORIDA

SIGNATURE



(Corporate Officer)

TITLE

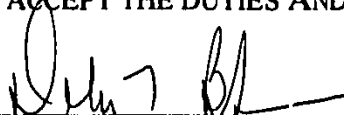
PRESIDENT

DATE

4-1-97

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



(Registered Agent)

DATE

4/1/97

BUREAU OF CORPORATE RECORDS, P.O. BOX 6327, TALLAHASSEE, FL 32314

FILED  
97 APR 28 AM 11:31  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE