

P97 000043136

TRANSMITTAL LETTER

FILED

97 MAY 12 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

1000000174711-1
05/12/97-40060-013
*****70.00 *****70.00

SUBJECT: FLORIDA UNITED INSURANCE, INC.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check
for :

☒ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM: MANUEL MILLETE
Name (printed or typed)

10230 ATLANTIC BLVD. SUITE# 3
Address

JACKSONVILLE, FLORIDA 32225
City, State & Zip

(904) 721-0609
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

9N 5-15-97

ARTICLES OF INCORPORATION

FILED

97 MAY 12 AM 11:22

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.

STATE
JACKSONVILLE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

FLORIDA UNITED INSURANCE, INC.

ARTICLE II PRINCIPAL OFFICE

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

10230 ATLANTIC BLVD. #3
JACKSONVILLE, FLORIDA 32225

ARTICLE III SHARES

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

500

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MANUEL MILLETE
10230 ATLANTIC BLVD. #3
JACKSONVILLE, FLORIDA 32225

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

MANUEL MILLETE, PRES & SEC.
10230 ATLANTIC BLVD. #3
JACKSONVILLE, FLORIDA 32225

RICHARD A. BOECHAT, V.P. & TRES.
10230 ATLANTIC BLVD. #3
JACKSONVILLE, FLORIDA 32225

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

8 th day of MAY, 19 97.



Signature



Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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: FLORIDA UNITED INSURANCE, INC.

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


MANUEL MILLETE
(NAME)

10230 ATLANTIC BLVD. #3
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

JACKSONVILLE, FLORIDA 32225
(CITY/STATE/ZIP)

FILED
97 MAY 12 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

MAY 8, 1997
(DATE)