

P97000049788

Requestor's Name
DIANE HAMILTON
Address
1834 N UNIVERSITY DR.
PLANTATION, FL 33322
City/State/Zip Phone #

97 JUN -4 PM 2:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Office Use Only

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

1. HIV LIFE INSURANCE, INC.
(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

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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

PR 6/5/97

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
of

HIV LIFE INSURANCE, INC.
(Name of Corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I-CORPORATE NAME

The name of the corporation is:

HIV LIFE INSURANCE, INC.

Located at: 1836 N. UNIVERSITY DR., PLANTATION, FLORIDA 33322

ARTICLE II-DURATION

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

ARTICLE III-PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV-CAPITAL STOCK

The corporation is authorized to issue ONE HUNDRED shares (100) of ONE Dollar(s) (\$ 1.00) par value Common Stock, which shall be designated "Common Shares".

ARTICLE V-INITIAL REGISTERED OFFICE AND AGENT

The name and street address of the Initial Registered Agent of this Corporation is:

Name DIANE HAMILTON

Address 1836 NORTH UNIVERSITY DRIVE

City PLANTATION, FLORIDA 33322

ARTICLE VI-INITIAL BOARD OF DIRECTORS

This corporation shall have FOUR (4) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial directors of the corporation are as follows:

Name DIANE HAMILTON-PRESIDENT

Address 1836 N UNIVERSITY DRIVE

City PLANTATION STATE FLORIDA ZIP 33322

Name SUZANNE ROBERTS-VICE PRESIDENT

Address 1821 LEE STREET

City HOLLYWOOD STATE FLORIDA ZIP 33020

Name ANA L. BARO-TREASURER

Address 121 SE 3RD PLACE, APARTMENT # 608

City DANIA STATE FLORIDA ZIP 33004

Name JUDY L. FRAME-SECRETARY

Address 1836 N UNIVERSITY DRIVE

City PLANTATION STATE FLORIDA ZIP 33322

Name _____

Address _____

City _____ STATE _____ ZIP _____

Name _____ STATE _____ ZIP _____

Address _____

City _____ STATE _____ ZIP _____

IN WITNESS WHEREOF, The undersigned subscriber(s) have executed these Articles of Incorporation, this 29TH day of MAY 19 97.

Diane Hamilton
DIANE HAMILTON/PRESIDENT (Seal)

Suzanne Roberts
SUZANNE ROBERTS/VICE PRESIDENT (Seal)

Ana L. Baro
ANA L. BARO/TREASURER (Seal)

Judy L. Frame
JUDY L. FRAME/SECRETARY (Seal)

STATE OF FLORIDA)
COUNTY OF BROWARD) SS

BEFORE ME, a Notary Public authorized to take acknowledgements in the State and County set forth above, personally appeared

1) DIANE HAMILTON 2) SUZANNE ROBERTS 3) ANA L. BARO
4) JUDY L. FRAME (ALL FOUR)

known to me and to be the person(s) who executed the foregoing Articles of Incorporation, and who acknowledged before me that THEY executed these Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal, in the State and County aforesaid,

this 29TH day of MAY 1997

(Notary Seal)



SYLVIA KOUTSODONTIS
MY COMMISSION # CC487121 EXPIRES
November 30, 1999
BONDED THRU TROY FAIR INSURANCE, INC.

Sylvia Koutsodontis
Notary Public State of Florida
at large.

My commission expires:

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CERTIFICATE AND ACKNOWLEDGEMENT
OF REGISTERED AGENT

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF REGISTERED AGENT
OF

HIV LIFE INSURANCE, INC.
(Name of Corporation)


Pursuant to Florida Statutes Sections 48.091 and 607.034, the following is submitted: The above corporation desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation at 1836 NORTH UNIVERSITY DRIVE, PLANTATION, FLORIDA 33322

has named DIANE HAMILTON

located at the aforesaid address, as its Registered Agent to accept service of process within this state.

ACKNOWLEDGEMENT

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


(Registered Agent)