

P97000050617

TRANSMITTAL LETTER

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

FILED
97 JUN -6 PM 1:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: A ALLSTAR INSURANCE OF ST LUCIE INC.
(Proposed corporate name - must include suffix)

~~700002204187-8~~
-06/06/97--01069--015
****122.50 ****122.50

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

FROM: A ALLSTAR INSURANCE OF ST LUCIE INC.
Name (printed or typed)

700002204187--8
-06/06/97--01069--015
****122.50 ****122.50

901 MARTIN DOWNS BLVD
Address

PALE CITY, FLA. 34990
City, State & Zip

(561) 283-7364
Daytime Telephone number

R 000000 JUN 9 1997

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

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:

A ALLSTAR INSURANCE OF ST LUCIE INC.

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ARTICLE II PRINCIPAL OFFICE

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

901 MARTIN DOWNS BLVD.
PALM CITY, FLA. 34990

ARTICLE III SHARES

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

100,000.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

CHUCK CLARK
901 MARTIN DOWNS BLVD
PALM CITY, FLA. 34990

ARTICLE V INCORPORATOR(S)

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

ELIOT FRIEDMAN
901 MARTIN DOWNS
PALM CITY, FLA. 34990

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

_____ day of _____, 19____.

x  _____
Signature

Signature

Signature

Articles of Incorporation
Filing Fee - \$35

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 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: A ALLSTAR INSURANCE OF

ST LUCIE INC.

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

Chuck Clark

(Name)

901 MARTIN DOWNS

(P.O. Box not acceptable)

PALE CITY FLA. 34990

(City/State/Zip)

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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.

Chuck Clark

(Signature)

(Date)