

P97000051157

T.J.G. ENTERPRISES, INC.  
6210 W. OAKLAND PARK BLVD.  
SUNRISE, FLA. 33313

City/State/Zip

Phone #

Office Use Only

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

1. Mutual Insurance Agency, Inc. 800002205638--8  
(Corporation Name) (Document #)  
-06/09/97--01071--002  
\*\*\*\*122.50 \*\*\*\*122.50

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 checked="" 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                                 |

| OTHER FILINGS            |                  |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report    |
| <input type="checkbox"/> | Fictitious Name  |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/<br>QUALIFICATION |                     |
|--------------------------------|---------------------|
| <input type="checkbox"/>       | Foreign             |
| <input type="checkbox"/>       | Limited Partnership |
| <input type="checkbox"/>       | Reinstatement       |
| <input type="checkbox"/>       | Trademark           |
| <input type="checkbox"/>       | Other               |

JUN 10 1 BSB

# ARTICLES OF INCORPORATION

FILED

97 JUN -9 PM 12:17

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:

MUTUAL INSURANCE AGENCY INC.

## ARTICLE II PRINCIPAL OFFICE

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

6400 JOHNSON STREET  
HOLLYWOOD, FLA. 33024

## ARTICLE III SHARES

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

100

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

JEROME LEVICK  
6210 WEST OAKLAND PARK BLVD.  
SUNRISE, FLA. 33313

ARTICLE V INCORPORATOR(S) ..

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

JEROME LEVICK  
6210 W.OAKLAND PARK BLVD.  
SUNRISE, FLA. 33313



ARTICLE VI DIRECTOR(S)

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

ANTHONY E. VERNON  
901 HARRISON STREET  
HOLLYWOOD, FLA. 33019

JEROME LEVICK  
6210 W.OAKLAND PARK BLVD.  
SUNRISE, FLA. 33313

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 6 day of JUNE, 1987.

  
\_\_\_\_\_  
Signature  
  
\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Signature

Articles of Incorporation  
Filing Fee - \$35

**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: MUTUAL INSURANCE AGENCY INC.

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

JEROME LEVICK  
(NAME)

6210 WEST OAKLAND PARK BLVD  
(P.O. BOX NOT ACCEPTABLE)

SUNRISE, FLA. 33313  
(CITY/STATE/ZIP)

97 JUN -9 PM 12:18  
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

DATE

6/6/97

REGISTERED AGENT FILING FEE: \$35.00