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AUGUST 8, 1997

DIVISION OF CORPORATIONS
PO BOX 6327
TALLAHASSEE, FLA. 32314

000002262790--5
-08/11/97--01033--020
***122.50 ***122.50

RE: FLORIDA CASUALTY ASSURANCE, INC.

Dear SIRS,

Attached please find trust check for \$122.50 to form this new corporation.

We have enclosed an original and copy of the proposed Articles of Incorporation.

Please send us a certified copy reflecting that the corporation has been formed.

Very truly yours,

JEFFREY SCHWARZ

JAS/lis

AUG 12 1997 BSB

FILED
97 AUG 11 PM 12:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

97 AUG 11 PM 12:22
ARTICLES OF INCORPORATION OF
FLORIDA CASUALTY ASSURANCE, INC. STATE
TALLAHASSEE, FLORIDA

THE UNDERSIGNED, acting as incorporators of a corporation under the Florida General Corporation Act, adopt the following Articles of Incorporation for such corporation:

ARTICLE I-NAME OF CORPORATION

The name of this corporation is: FLORIDA CASUALTY ASSURANCE, INC.

ARTICLE II- PURPOSE

The corporation is formed for the purpose of transacting any and all lawful business.

ARTICLE III-DURATION

The period of duration for this corporation is perpetual.

ARTICLE IV-CAPITAL STOCK

The aggregate number of shares which the corporation is authorized to issue is one hundred. Such shares shall be of a single class, and shall have a par value of one hundred dollars per share.

ARTICLE V. PRE-EMPTIVE RIGHTS

Every shareholder, upon sale for cash of any new stock of this corporation of the same kind, class or series as that which he/she already holds, shall have the right to purchase his or her prorata share thereof (as nearly as may be done without the issuance of fractional shares) at the price at which it is offered to others

ARTICLE VI. INITIAL PRINCIPAL OFFICE AND AGENT

The initial street address of the initial principal office of the corporation is: 12865 WEST DIXIE HIGHWAY, NORTH MIAMI, FLORIDA 33161.

The nanme of the initial registered agent at said address is ROBERT S. SIMONS

ARTICLE VII. INITIAL BOARD OF DIRECTORS

The number of directors of this corporation shall be one. The number of directors may be either increased or decreased or diminished from time to time by the bylaws of the corporation but may never be less than one. The names and addresses of the initial director (s) of this corporation is/are:

ROBERT S. SIMONS-10831 NW 17th PLACE, CORAL SPRINGS, FLORIDA 33071

ARTICLE VIII. INCORPORATORS

The name(s) and address(es) of the person(s) signing these Articles is/are: ROBERT S. SIMONS, 10831 NW 17th PLACE, CORAL SPRINGS, FLORIDA 33071.

IN WITNESS WHEREOF, the undersigned subscriber(s) has/have subscribed and executed these Articles of Incorporation this 8 day of August, 1997.



ROBERT S. SIMONS

STATE OF FLORIDA:

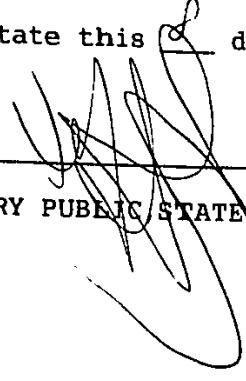
COUNTY OF DADE:

BEFORE ME, a notary public authorized to take oaths and acknowledgements in this State and County appeared the following individual(s):

ROBERT S. SIMONS

Said individual(s) is/are known to me to be the person(s) who executed the foregoing Articles of Incorporation and he acknowledged before me that the Articles of Incorporation were in fact executed by the above person(s).

IN WITNESS WHEREOF, I have set my hand and affixed my seal
in the aforementioned County and State this 8 day of August,
1997.



NOTARY PUBLIC, STATE OF FLORIDA

M2Y COMMISSION EXPIRES:

Notary Public, State of Florida
Commission No. CC 363504
Commission Expires 08/22/98
Notary Service & Bonding Co.

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMECILE FOR
THE SERVICE OF PROCESS WITHIN THIS STATE, AND NAME OF AGENT
UPON WHOM SUCH PROCESS MAY BE SERVED

IN PURSUANCE OF CHAPTER 48.091 FLORIDA STATUTES, the
following is submitted , in compliance with said act:

FIRST, THAT: FLORIDA CASUALTY ASSURANCE, INC. ,desiring to
organize under the laws of the State of Florida, with its
principal office, as indicated in the Articles of Incorporation,
in the following location:

12865 WEST DIXIE HIGHWAY, NORTH MIAMI, FLORIDA 33161
has named the following individual at the below address as its
agent to accept service of process within this State:

ROBERT S. SIMONS-12865 WEST DIXIE HIGHWAY, NORTH MIAMI,
FLORIDA 33161

ACKNOWLEDGEMENT MUST BE BY DESIGNATED AGENT:

HAVING BEEN NAMED AT THIS TIME 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 agree to
comply with the provision of said Act relative to keeping open
said office.

BY

Robert S. Simons

REGISTERED AGENT

FILED
97 AUG 11 PM 12:22
STATE
TALLAHASSEE, FLORIDA