

P97000083996

TRANSMITTAL LETTER

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

SUBJECT: FLORIDAS BEST INSURANCE & AUTO TAG SERVICE INC .
(Proposed corporate name - must include suffix)

900002304349--1
-09/26/97--01013--011
****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

Additional Copy Required

FROM: LOUIS SCOTT HOFF
Name (printed or typed)

5194 SW 90th TERRACE
Address

COOPER CITY, FL 33328
City, State & Zip

(954) 561 - 4454
Daytime Telephone number

FILED
97 SEP 26 PM 12:15
SECRET
TALLAHASSEE, FLORIDA

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

16/6/97
5/2/97

ARTICLES OF INCORPORATION

FILED
97 SEP 26 PM 12:15
SECRET
TALLAHASSEE, FLORIDA

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:

FLORIDAS BEST INSURANCE & AUTO TAG SERVICE INC.

ARTICLE II PRINCIPAL OFFICE

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

5194 SW 90 TERR
COOPER CITY, FL 33328

ARTICLE III SHARES

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

500 shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

LOUIS SCOTT HOFF
5194 SW 90th TERR.
COOPER CITY, FL 33328

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):

LOUIS SCOTT HOFF
5194 SW 90th TERRACE
COOPER CITY, FL 33328

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

15th day of September, 19 97.

(An additional article must be added if an effective date is requested.)



Signature

Signature

Signature

Notarization is not required

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: FLORIDAS BEST INSURANCE & AUTO TAG SERVICE INC.

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

LOUIS SCOTT HOFF

(NAME)

5194 SW 90TH TERRACE

(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

COOPER CITY, FL 33328

(CITY/STATE/ZIP)

FILED
97 SEP 26 PM 12:15
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.

LS Scott Hoff

(SIGNATURE)

9/15/97

(DATE)