

PHOENIX INSURANCE UNDERWRITERS, INC.

Requestor Name

890 S.W. 87th Avenue, Suite 10

Address

MIAMI, FLORIDA 33174 (305) 552-5973

City/State/Zip

Phone #

LOCAL REPRESENTATIVE TALLAHASSEE

Office Use Only

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

1. PHOENIX INSURANCE UNDERWRITERS, INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____ 300002307723--0
(Corporation Name) (Document #) -09/30/97--01044--008
****122.50 ****122.50

4. _____
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time 2:00

☒ 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/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED
97 SEP 30 PM 5:48
TALLAHASSEE, FLORIDA
STATE
DEPARTMENT OF REVENUE

97 SEP 30 PM 5:16
TALLAHASSEE, FLORIDA
DEPARTMENT OF REVENUE

Examiner's Initials

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:

PHOENIX INSURANCE UNDERWRITERS, INC.

ARTICLE II PRINCIPAL OFFICE

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

2121 PONCE DE LEON BOULEVARD
SUITE # 1200
CORAL GABLES, FLORIDA 33134

ARTICLE III SHARES

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

100 (ONE HUNDRED)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

GONZALO G. MIRANDA
677 S.W. 19th ROAD
MIAMI, FLORIDA 33129

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97 SEP 30 PM 5:48
TALLAHASSEE, FLORIDA
STATE

ARTICLE V INCORPORATOR(S)

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

ROBERTO E. DANA
242 CADIMA AVENUE
CORAL GABLES, FLORIDA
33134

GONZALO G. MIRANDA
677 S.W. 19th ROAD
MIAMI, FLORIDA
33129

HILDA F. GUZMAN
9870 S.W. 35 TERRACE
MIAMI, FLORIDA
33165

ARTICLE VI DIRECTOR(S)

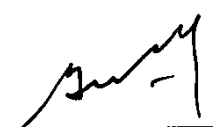
The name(s) and street address(es) of the director(s) to these Articles of Incorporation is(are):

GONZALO G. MIRANDA
PRESIDENT
677 S.W. 19th ROAD
MIAMI, FL 33129


ROBERTO E. DANA
VICE PRESIDENT
242 CADIMA AVENUE
CORAL GABLES, FL 33134

HILDA F. GUZMAN
TREASURER
9870 S.W. 35 TERRACE
MIAMI, FLORIDA 33134

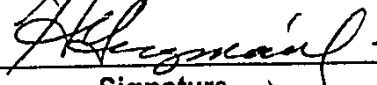
The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 29th day of SEPTEMBER, 19 97.



Signature (GONZALO G. MIRANDA)



Signature (ROBERTO E. DANA)



Signature (HILDA F. GUZMAN)

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: PHOENIX INSURANCE UNDERWRITERS,
INC.

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

GONZALO G. MIRANDA
(NAME)

677 S.W. 19th ROAD
(P.O. BOX NOT ACCEPTABLE)

MIAMI, FLORIDA 33129
(CITY/STATE/ZIP)

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 _____

(GONZALO G. MIRANDA)

DATE 9-29-1997

FILED
97 SEP 30 PM 5:48
STATE
OF FLORIDA

REGISTERED AGENT FILING FEE: \$35.00