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10/28/97

FLORIDA DIVISION OF CORPORATIONS  
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TO: DIVISION OF CORPORATIONS

FAX #: (850)922-4001

FROM: FAB-T CORP. AGENTS, INC.  
CONTACT: LIDIA FERNANDEZ  
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NAME: INSURANCE FOR YOU, INC.  
AUDIT NUMBER.....H97000017899  
DOC TYPE.....FLORIDA PROFIT CORPORATION OR P.A.  
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ARTICLES OF INCORPORATION

INSURANCE FOR YOU, INC. of  
(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation is:

INSURANCE FOR YOU, INC.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida Law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue FIVE HUNDRED shares ( 500 ) of ONE Dollar(s) (\$ 1.00 ) par value Common Stock, which shall be designated "Common Shares."

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial Registered Agent office and the name of the initial Registered Agent at that office is:

NAME SILVIA C. GARCIA  
ADDRESS 1892 ABBEY RD.  
CITY WEST PALM BEACH FLORIDA ZIP 33415

The principal office, if known, or the mailing address of the corporation is:

NAME INSURANCE FOR YOU, INC.  
ADDRESS 1892 ABBEY RD.  
CITY WEST PALM BEACH FLORIDA ZIP 33415

Prepared by: Silvia C. Garcia  
1892 Abbey Rd.  
West Palm Beach, Fl 33415  
(561) 966-5556

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ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have ONE ( 1 ) director(s) initially. The number of directors may be either increased or diminished from time to time by the by-laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME SILVIA C. GARCIA  
ADDRESS 1892 ABBEY RD.  
CITY WEST PALM BEACH STATE FLORIDA ZIP 33415

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE FLORIDA ZIP 334

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE FLORIDA ZIP 334

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE FLORIDA ZIP 334

ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME SILVIA C. GARCIA  
ADDRESS 1892 ABBEY RD.  
CITY WEST PALM BEACH STATE FLORIDA ZIP 33415

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE FLORIDA ZIP 334

IN WITNESS WHEREOF, the undersigned and subscriber(s) have executed these Articles of Incorporation this 06TH DAY OF AUGUST of 1997.

 (Seal)

\_\_\_\_\_ (Seal)

\_\_\_\_\_ (Seal)

\_\_\_\_\_ (Seal)

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CERTIFICATE AND ACKNOWLEDGEMENT  
OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT

INSURANCE FOR YOU , INC.  
(Name of Corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at INSURANCE FOR YOU, INC.  
1892 ABBEY RD.  
WEST PALM BEACH, FLORIDA ZIP CODE 33415

has named SILVIA C. GARCIA

located at the aforesaid address, as its Registered Agent to accept service of process within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

  
(REGISTERED AGENT)

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