

P97000092966

~~Insurance Dept Agency Inc~~
~~1085 E. 4th Avenue~~
~~Suite #100~~
~~Hialeah FL 33010~~

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-10/28/97--01005--010
***122.50 ***122.50

Office Use Only

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

1. _____ (Corporation Name) _____ (Document #)
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 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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 OCT 28 PM 1:57

ARTICLES OF INCORPORATION
INSURANCE DEPOT AGENCY INC.

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: **INSURANCE DEPOT AGENCY INC.**

ARTICLE I I PRINCIPAL OFFICE

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

**INSURANCE DEPOT AGENCY INC.
1085 EAST 4th AVENUE
SUITE# 100
HIALEAH, FLORIDA 33010**

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ARTICLE III SHARES

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

(60)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**EDGAR MENDOZA
2255 GLADE ROAD SUITE# 324-A
BOCA RATON, FL 33431**

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):

**EDGAR MENDOZA
2255 GLADE ROAD SUITE# 324-4
BOCA RATON, FL 33141**

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

21 day of October 1997

(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: **INSURANCE DEPOT AGENCY INC.**

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

INSURANCE DEPOT AGENCY INC.

(NAME)

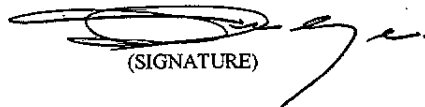
2255 GLADE S ROAD SUITE# 324-A

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

BOCA RATON, FL 33431

(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 performece of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(SIGNATURE)

21. Sept. 97
(DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314

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