

P97000096401

11/12/97

FLORIDA DIVISION OF CORPORATIONS
PUBLIC ACCESS SYSTEM
ELECTRONIC FILING COVER SHEET

8:51 AM

((H97000018769 4))

TO: DIVISION OF CORPORATIONS

FAX #: (850)922-4001

FROM: FAS-T CORP. AGENTS, INC.
CONTACT: LIDIA FERNANDEZ
PHONE: (305)599-0839

ACCT#: 071001002335

FAX #: (305)716-0346

NAME: SOUTH RISK INSURANCE ASSOCIATES INC.

AUDIT NUMBER.....H97000018769

DOC TYPE.....FLORIDA PROFIT CORPORATION OR P.A.

CERT. OF STATUS..1

PAGES..... 4

CERT. COPIES.....0

DEL.METHOD.. FAX

EST.CHARGE.. \$78.75

NOTE: PLEASE PRINT THIS PAGE AND USE IT AS A COVER SHEET. TYPE THE FAX
AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

** ENTER 'M' FOR MENU. **

FILED

97 NOV 12 PM 12:31

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

me 11/12/97

FILED
97 NOV 12 PM 12:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
OF.

SOUTH RISK INSURANCE ASSOCIATES INC.

THE UNDERSIGNED, has executed the following document as incorporator of the above name corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the law of the State of Florida.

ARTICLE I

The name of this corporation shall be:
SOUTH RISK INSURANCE ASSOCIATES INC.

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and purposed proposed to be transacted and carried on by this corporation are to do any and all of the things herein

- (1) Transact any and all lawful business.
- (2) Said corporation shall further have powers:

To have perpetual succession by its corporate
name: SOUTH RISK INSURANCE ASSOCIATES INC.

ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 50 shares, having an individual par value of \$10.00.

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only ONE (1) class of stock of this corporation.

ARTICLE V

The street address of the initial registered office and the name of the initial Resident Agent of this corporation shall be:

SOUTH RISK INSURANCE ASSOCIATES INC.
JORGE MONSERRAT
10760 SW 43th ST..
MIAMI FL 33165

The principal office shall be:

10760 SW 43TH STREET
MIAMI FL 33165

ARTICLE VI

The initial Board of Directors shall consist of a total of ONE (03) person, and the name and address of the person who is to serve as an initial director is:

JORGE MONSERRAT
10760 SW 43th ST
MIAMI FL. 33165

PRESIDENT

MARGARET RIANO
11470 SW 28TH ST
MIAMI FL. 33165

VICE-PRESIDENT

LUIS A. GONZALEZ
11470 SW 28TH ST
MIAMI FL 33165

SECRETARY

The name and address of the subscribers of the Corporation are:

JORGE MONSERRAT
10760 SW 43th ST
MIAMI FL. 33165

The name and address of the incorporator executing these Articles of Incorporation is:

JORGE MONSERRAT
10760 SW 43th ST
MIAMI FL 33165

IN WITNESS WHEREOF, the undersigned incorporator has (ve) executed these Articles of Incorporation this 10 day of NOV, 1997.


JORGE MONSERRAT

H97000018769

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provision 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:

SOUTH RISK INSURANCE ASSOCIATES INC.

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

**JORGE MONSERRAT
10760 SW 43TH STREET
MIAMI FL 33165**

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

NOV. 10, 1997

FILED
97 NOV 12 PM 12:31
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

H97000018769