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FLORIDA DIVISION OF CORPORATIONS
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TO: DIVISION OF CORPORATIONS

FAX #: (850)922-4001

FROM: FAS-T CORP. AGENTS, INC.
CONTACT: LIDIA FERNANDEZ
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NAME: SR INSURANCE ASSOCIATES CORPORATION

AUDIT NUMBER.....H97000018942

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

CERT. OF STATUS..1

PAGES..... 4

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AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

** ENTER 'M' FOR MENU. **

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TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

OF

SR INSURANCE ASSOCIATES CORPORATION

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:

SR INSURANCE ASSOCIATES CORPORATION

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 mentioned, as fully and to the same extent as natural persons might do, viz: The main activity will be an INSURANCE AGENCY

PREPARED BY: ANA DALMAU ARES
4080 S.W. 84th AVE.
MIAMI, FL 33155
(305) 448-2072

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

To have perpetual succession by its corporate
name: SR INSURANCE ASSOCIATES CORPORATION

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:

SR INSURANCE ASSOCIATES CORPORATION

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 (02) person, and the name and address of the person who is to serve as an initial director is:

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

PRESIDENT

JORGE MONSERRAT
10760 SW 43th ST
MIAMI FL. 33165

VICE-PRESIDENT

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

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

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

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

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

LUIS A. GONZALEZ



**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:

SR INSURANCE ASSOCIATES CORPORATION

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

LUIS A. GONZALEZ
11460 SW 28TH 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

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