

G. Ralph Rogers

"9007"

Line #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 DEC -6

97 DEC -4 PM 2:23

-10/08/97--01121--008

*****70.00 *****70.00

Office Use Only

(954) 792-8799

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

1. Pride Insurance Inc.
(Corporation Name)

(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

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/ Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

REGISTRATION/ QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

789, 135, 2551, 2550

W97-23137

Examiner's Initials

CR2E031(1/95)

D. BROWN DEC - 4 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

November 14, 1997

J. RALPH REGIS
1375 E N.W. 40TH AVENUE
LAUDERDALE, FL 33313

SUBJECT: PRIDE INSURANCE INC.
Ref. Number: W97000023137

We have received your document for PRIDE INSURANCE INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

The document is illegible and not acceptable for imaging.

YOUR DOCUMENT IS OF POOR QUALITY AND THE INFORMATION THAT YOU ENTERED IS NOT LEGIBLE. PERHAPS YOU COULD HAVE SOMEONE TYPE UP THESE NEW ARTICLES THAT WE HAVE ENCLOSED.

You must list the corporation's principal office and/or a mailing address in the document.

We are enclosing the proper form(s) with instructions for your convenience.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6919.

Beth Register
Corporate Specialist Supervisor

Letter Number: 897A00054746

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 DEC -4 PM 2:23

ARTICLES OF INCORPORATION

THE UNDERSIGNED INCORPORATER, FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA BUSINESS CORPORATION ACT, HEREBY ADOPTS THE FOLLOWING ARTICLES OF INCORPORATION.

ARTICLE I NAME _____
The name of the corporation shall be:

PRIDE INSURANCE INC.

ARTICLE II PRINCIPAL OFFICE _____
The principal place of business and mailing address of this corporation shall be: _____

1375E NW 40 Avenue
Lauderhill, Fl 33313

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

500

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS _____

LANA KATZ, 1375E NW 40 Avenue, Lauderhill, Fl, 33313

ARTICLE V INCORPORATOR _____
The name and address of the incorporater to these Articles of Incorporation are: _____

JOSEPH REGIS

J Regis
Signature/Incorporator

11-27-97
Date

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 DEC -4 PM 2:23

I UNDERSTAND AND ACCEPT THE
DUTIES OF REGISTERED AGENT, FOR
THE ABOVE CORPORATION.

Lana Katz