

# P 98000016579

## TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

900002435059--8  
-02/19/98--01040--006  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: KANDS INSURANCE AGENCY INC.  
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate

☐ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

FROM: WESLEY SAUVAL  
Name (Printed or typed)

5303 N. DIXIE HWY  
Address

Pompano BEACH, FL 33064  
City, State & Zip

(954) 425-0100  
Daytime Telephone number

FILED  
98 FEB 19 AM 8:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

F. CHESSEB FEB 20 1998

**NOTE:** Please provide the original and one copy of the articles.

## ARTICLES OF INCORPORATION

*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:

K AND S INSURANCE AGENCY INC.

### ARTICLE II PRINCIPAL OFFICE

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

5303 N. DIXIE HIGHWAY

Pompano Beach, FL 33064

### ARTICLE III SHARES

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

100 SHARES

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

WESLEY SAUVAL

5303 N. DIXIE HWY

Pompano Beach, FL 33064

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**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):

WESLEY SAVVAL

5303 N. DIXIE HWY  
POMPLANO BEACH, FL 33064

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

17<sup>th</sup> day of FEBRUARY, 19 98.

(An additional article must be added if an effective date is requested.)

Wesley Savval  
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 KAND J INSURANCE AGENCY INC.

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

WESLEY SAUVAL  
(NAME)

5303 N. DIXIE HWY  
(P. O. Box or Mail Drop Box **NOT** ACCEPTABLE)

POMFANO BEACH, FL 33064  
(CITY/STATE/ZIP)

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TALLAHASSEE, FLORIDA

*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.*

Wesley Sauval  
(SIGNATURE)

02/17/98  
(DATE)