

P98000096144

Florida Department of State  
Division of Corporations  
Public Access System  
Sandra B. Mortham, Secretary of State

EFFECTIVE DATE

11/13/98

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H98000021242 6)))

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 922-4001

From:

Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

98 NOV 16 AM 10:38

FILED

**FLORIDA PROFIT CORPORATION OR P.A.**

**HAIFA INSURANCE AGENCY, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	045
Estimated Charge	\$78.75

TA-11/16/98

B98000021242 6

EFFECTIVE DATE

11/13/98

**ARTICLES OF INCORPORATION  
OF  
HAIFA INSURANCE AGENCY, INC.**

**ARTICLE I**

**NAME**

The name of this corporation is:

**HAIFA INSURANCE AGENCY, INC.**

**ARTICLE II**

**PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS**

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

**1149 Southwest 27<sup>th</sup> Avenue, Suite 201  
Miami, Florida 33135**

**ARTICLE III**

**DURATION**

This corporation shall have perpetual existence commencing on the date of execution and acknowledgment of these articles.

**ARTICLE IV**

**PURPOSE**

This corporation is organized for the purpose of operating an insurance agency; and any other activity or business permitted under the laws of United States and the State of Florida.

Prepared by: Lourdes Nunez  
1839 SW 27th Ave.  
Miami, FL 33145  
(305)854-0888

B98000021242 6

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

98 NOV 16 AM 10:38

**FILED**

**ARTICLE V**  
**CAPITAL STOCK**

This corporation is authorized to issue Five Hundred (500) shares  
at \$1.00 par value common stock.

**ARTICLE VI**  
**BOARD OF DIRECTORS**

This corporation shall have one director initially. The number of  
directors will be either increased or diminished from time to time under the By-  
Laws, but shall never be less than one (1). The name and address of the  
director of this corporation is:

Olga L. Toury  
1149 Southwest 27<sup>th</sup> Avenue, Suite 201  
Miami, Florida 33135

**ARTICLE VII**  
**INCORPORATOR**

The names and addresses of the person signing these Articles is:

Olga L. Toury  
1149 Southwest 27<sup>th</sup> Avenue, Suite 201  
Miami, Florida 33135

**ARTICLE VIII**  
**INITIAL REGISTERED OFFICE AND AGENT**

The address of the initial registered office of this corporation is:  
1839 Southwest 27<sup>th</sup> Avenue, Miami, Florida 33145, and the name of the initial  
Registered Agent of the corporation at that address is: Lourdes Núñez.

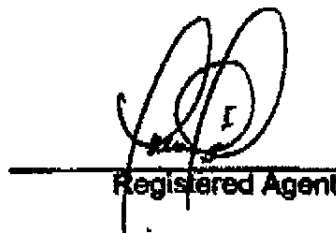
IN WITNESS WHEREOF, the undersigned has executed these  
Articles of Incorporation this 13<sup>th</sup> day of November, 1998.

  
Incorporator

**ACCEPTANCE BY REGISTERED AGENT**

Having been named to accept service of process for the above-  
stated corporation, at the place designated in ARTICLE VIII of these Article of  
Incorporation, the undersigned hereby agrees to act in this capacity, and further  
agrees to comply with the provisions of all statutes relative to the proper and  
complete discharge of its duties.

Dated this 13<sup>th</sup> day of November, 1998.

  
Registered Agent

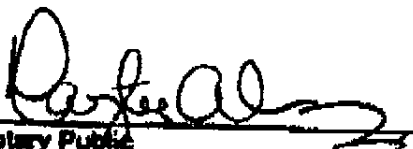
98 NOV 16 AM 10:38  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

STATE OF FLORIDA }  
COUNTY OF MIAMI-DADE } SS

BEFORE ME, Notary Public, authorized in the State of Florida and  
County of Miami-Dade, personally appeared, OLGA L. TOURY, known to me  
and known by me to be the person who has incorporated and executed the  
aforegoing Articles of Incorporation of HAIFA INSURANCE AGENCY, INC., and  
she acknowledged before me that she executed those Article of Incorporation.

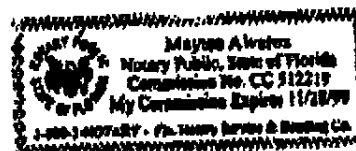
H98000021242 6

IN WITNESS WHEREOF, I have hereunto set my hand and affixed  
my official seal in the State and County aforesaid, this \_\_\_\_\_ day of  
November, 1998.

  
Notary Public  
State of Florida, At Large

Print Name: MAYTEE ALVAREZ

My Commission Expires:



H98000021242 6