# TRANSMITTAL LETTER Department of State

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

SUBJECT:			· .		· .
SUBJECT.	(Proposed corporate name - must include suffix)				
	٠.				5978778 /9801112009 /2.50 *****78.75
Enclosed is an	। ठपंड्या	al and one(1) copy of the a	rticles of incorporation and a	CHESK TOF .	<del>-</del> i
☐ \$70 Filing		\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy  ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED	
FI	ROM:	Na	me (Printed or typed)		
	FRANK LULLO  SR. ACCOUNT AGENT ALLSTATE INSURANCE COMPANY 4487 N. UNIVERSITY DRIVE LAUDERHILL, FLORIDA 33351 Off. Ph. 954-748-8550				
Daytime Telephone number					



# ARTICLE I - NAME

The name of this corporation is

# F L INSURANCE AGENCY, INC.

# ARTICLE II - PRINCIPAL OFFICE

The mailing address of this corporation shall be:

4487 N. UNIVERSITY DRIVE LAUDERHILL, FL. 33351

# ARTICLE III - PURPOSE

This corporation is organized for the purpose of transacting any or all-lawful business.

# ARTICLE IV - CAPITAL STOCK

This corporation is authorized to issue 100 shares of \$1.00 par value common stock which shall be designated as "Common Shares"

## ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this corporation

and the name of the initial registered agent of this corporation at that address is:

FRANK LULLO 4487 N. UNIVERSITY DR. LAUDERHILL, FL. 33351

#### ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have one (1) director to hold office until the first annual meeting of stockholders and their successors shall have been duly elected and qualified, or until their earlier resignation, removal from office or death. The number of Directors may be either increased or decreased from time to time in accordance with the By-laws of the corporation. The names and address of the initial Director is:

FRANK LULLO 4487 N. UNIVERSITY DR. LAUDERHILL, FL. 33351

#### ARTICLE VII - INCORPORATOR

The name and address of the Incorporator signing these Articles is:

FRANK LULLO 4487 N. UNIVERSITY DR. LAUDERHILL, FL. 33351

# ARTICLE VIII - PRE-EMPTIVE RIGHTS

Every shareholder, upon the sale for cash of any new stock of this corporation shall have the right to purchase his prorate share thereof (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

# ARTICLE IX - INDEMNIFICATION

This corporation shall indemnify any officer or Director, to the full extent permitted by law.

#### ARTICLE X - AMENDMENT

This corporation reserves the right to amend or repeal any provision contained in these Articles of Incorporation, or any amendment hereto, and any right conferred upon the shareholders is subject to this reservation.

IN WITNESS WHEREOF, the undersigned Incorporator has executed these Articles of Incorporation on the date of signing.

7 0000 11/03/90

State of Florida County of Broward

Before me, a notary public authorized to take acknowledgments in the state and county set forth above, personally appeared Frank Lullo know to me and known by me to be the person who executed the foregoing articles of incorporation, and he acknowledged before me that he executed those articles of incorporation.

> Notary Public, State of Vlorida at Large My Commission Expires:

> > OFFICIAL NOTARY SEAL AUDREY R GRABIN NOTARY PUBLIC STATE OF FLORIDA COMMISSION NO. CC609719 MY COMMISSION EXP. JAN. 8,2001

# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.325 Florida Statues, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/agent, in the State of Florida.

- 1. The name of the corporation is: F L INSURANCE AGENCY, INC.
- The name and address of the registered agent and office is: Frank Lullo 4487 N. University Dr. Lauderhill, Fl. 33351

Signature:

Title: / 23 - 95

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PREFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

SIGNATURE:

DATE: 11-23-98

WATER TOTAL