

P98000102163

DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FLORIDA 32314

RE:

800002694668--3
-11/23/98--01151--014
****131.25 *****87.50

DEAR SIR/MADAM,

ENCLOSED PLEASE FIND A CHECK FOR \$ 131.25, PLEASE REMIT THE
FOLLOWING:

1. ARTICLES OF INCORPORATION, WITH THE ORIGINAL CERTIFICATION
BY STATE OF DOMICILE (\$ 52.50)
2. CERTIFICATE OF STATUS FROM THE STATE OF DOMICILE SHOWING
GOOD STANDING INDICATION, SEALED BY THE STATE AND SIGNED
BY PROPER PUBLIC OFFICIAL (\$ 8.75)
3. ARTICLES OF INCORPORATION, (APPLICATION \$ 70.00)

SHOULD YOU HAVE ANY QUESTIONS, PLEASE DO NOT HESITATE TO CALL

SINCERELY,


ENCLOSURES

ANTHONY D. HAZARD
Name
10691 N. KENDALL DR. #304
Address
MIAMI, FLORIDA 33176
City, State, & Zip
(305) 598-5161
Telephone Number

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 DEC - 8 PM 3:15

W98-26719
02557



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

November 30, 1998

ANTHONY D. HAZARD
10691 N. KENDALL DR. #304
MIAMI, FL 33176

SUBJECT: HAZARD INSURANCE UNDERWRITERS, INC.
Ref. Number: W98000026719

We have received your document for HAZARD INSURANCE UNDERWRITERS, INC. and your check(s) totaling \$131.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as Registered Agent.")

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) 487-6925.

Barbara Brock
Document Specialist

Letter Number: 098A00056716

ARTICLES OF INCORPORATION

OF

HAZARD INSURANCE UNDERWRITERS, INC.

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:

HAZARD INSURANCE UNDERWRITERS, INC.

ARTICLE II PRINCIPAL OFFICE

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

**10691 N. KENDALL DR. #304
MIAMI, FLORIDA 33176**

ARTICLE III CAPITAL STOCK

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

500 SHARES @ 1.00 PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

**ANTHONY D. HAZARD
10691 N. KENDALL DR. #304
MIAMI, FLORIDA 33176**

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 DEC -8 PM 3:15

ARTICLE V INCORPORATOR(S)

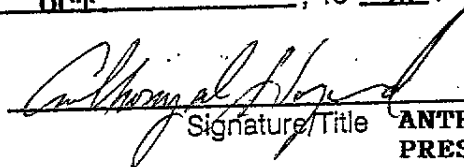
The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

**ANTHONY D. HAZARD PRES; VP; TREA; DIRECTOR
10691 N. KENDALL DR #304
MIAMI, FLORIDA 33176**

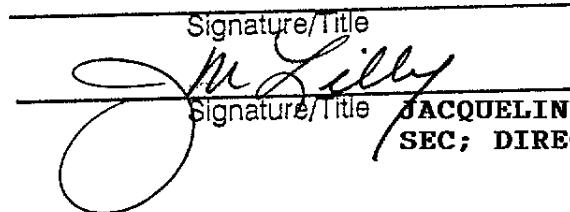
**JACQUELINE M. LILLY SEC; DIRECTOR
10691 N. KENDALL DR. #304
MIAMI, FLORIDA 33176**

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

30th day of OCT, 19 98.


Signature/Title

**ANTHONY D. HAZARD
PRES; VP; TREA; DIRECTOR**


Signature/Title

**JACQUELINE M. LILLY
SEC; DIRECTOR**

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions 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: HAZARD INSURANCE UNDERWRITERS, INC.

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

ANTHONY D. HAZARD

(NAME)

10691 N. KENDALL DR. #304

(P.O. BOX NOT ACCEPTABLE)

MIAMI, FLORIDA 33176

(CITY/STATE/ZIP)

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

DATE

Anthony D. Hazard
10/30/98

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 DEC -8 PM 3:14

REGISTERED AGENT FILING FEE: \$35.00