

OFFICE USE ONLY (Document #)

*9900001270*

LANARUS CORPORATE FILING SERVICE, INC.

(Requestor's Name)

3320 S.W. 87th AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

800002731688--6

-01/06/99--01037--008

\*\*\*\*\*78.75 \*\*\*\*\*78.75

OFFICE USE ONLY

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

1. ANCHOR & ASSOCIATES INSURANCE GROUP, (Corporation Name) (Document #)

2. INC. (Corporation Name) (Document #)

3. \_\_\_\_\_ (Corporation Name) (Document #)

4. \_\_\_\_\_ (Corporation Name) (Document #)

- Walk in
- Pick up time 2-00
- Mail out
- Will wait
- Photocopy
- Certified Copy
- Certificate of Status

FILED  
99 JAN -6 PM 2:06  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RECEIVED  
99 JAN -6 AM 10:39  
DIVISION OF CORPORATIONS

Examiner's Initials

ARTICLES OF INCORPORATION  
OF

**ANCHOR & ASSOCIATES INSURANCE GROUP, 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 this corporation shall be:

**ANCHOR & ASSOCIATES INSURANCE GROUP, INC.**

ARTICLE II PRINCIPAL OFFICE

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

**475 N.E. 125 STREET  
NORTH MIAMI, FL 33161**

ARTICLE III CAPITAL STOCK

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

**750 AT \$10.00 PAR VALUE**

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

**ROLANDO LOPEZ  
475 N.E. 125 STREET  
NORTH MIAMI, FL 33161**

99 JAN -6 PM. 2: 05  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA  
**FILED**

ARTICLE V INCORPORATOR(S)

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

**ROLANDO LOPEZ**  
**475 N.E. 125 STREET**  
**NORTH MIAMI, FL 33161**

The undersigned has (have) executed these Articles of Incorporation this 31ST day of DECEMBER, 1998.

  
Incorporator - **ROLANDO LOPEZ**

\_\_\_\_\_  
Incorporator -

STATE OF FLORIDA

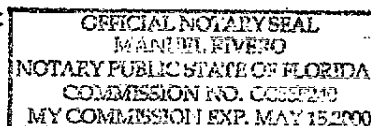
COUNTY OF DADE

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid, to take acknowledgments, personally appeared ROLANDO LOPEZ, to me known to be the persons described in and who executed the foregoing instrument or who have produced DRIVER'S LICENSE as identification and who did take an oath and acknowledged before me that they executed the same.

WITNESS my hand and official seal in the County and State last aforesaid the 31ST day of DECEMBER, 1998.

  
\_\_\_\_\_  
NOTARY PUBLIC, State of Florida at large

(Print Name)  
My Commission Expires:



**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT / REGISTERED OFFICE**

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

1. The name of the corporation is:

**ANCHOR & ASSOCIATES INSURANCE GROUP, INC.**

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

**ROLANDO LOPEZ  
475 N.E. 125 STREET  
NORTH MIAMI, FL 33161**

  
Resident Agent - **ROLANDO LOPEZ**

Date: **DECEMBER 31ST, 1998**

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 PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

  
Resident Agent - **ROLANDO LOPEZ**

SECRETARY OF STATE  
TALLAHASSEE FLORIDA  
98 JAN -6 PM 2: 06

**FILED**