P99000014941

TRANSMITTAL LETTER

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

SUBJECT: FLORIDA BEST CHOICE 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: FRANCOIS NOEL
Name (Printed or typed)

14805 NE 6 AVE
Address

MIAMI FL 33161
City, State & Zip

305-945-3588
Daytime Telephone number

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

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I   NAME
The name of the corporation shall be:

FLORIDA BEST CHOICE INSURANCE AGENCY, INC.

ARTICLE II   PRINCIPAL OFFICE
The principal place of business and mailing address of this corporation shall be:

14805 NE 6 AVENUE
MIAMI, FL 33161

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

500

ARTICLE IV   INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and Florida street address of the initial registered agent are:

FRANCOIS NOEL
13285 NE 6 AVE, N104, MIAMI FL 33161

ARTICLE V   INCORPORATOR
The **name and address** of the incorporator to these Articles of Incorporation are:
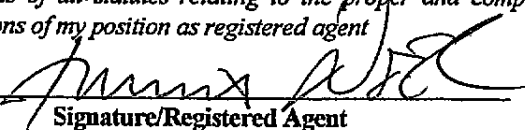
FRANCOIS NOEL
13285 NE 6 AVE MIA FL 33161

_____   2-11-99
Signature/Incorporator   Date

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

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

_____   2-11-99.
Signature/Registered Agent   Date