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Florida Department of State
Division of Corporations
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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

99 APR 27 PM 1:46

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FLORIDA PROFIT CORPORATION OR P.A.

COLOSSAL INSURANCE INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

B. McKnight APR 27 1999

ARTICLE OF INCORPORATION

OF

COLOSSAL INSURANCE INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: COLOSSAL INSURANCE INC.

The principal place of business of this corporation shall be:

670 E. 65 ST.
Hialeah, Florida 33013

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United State, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is: 100 x \$ 10.00 = \$ 1,000.00

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

Prepared By: Basic Accounting Service
692 West 29 Street #9
Hialeah, Florida 33012
Phone#(305)-887-4185

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TALLAHASSEE FLORIDA

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is(are):

BARBARA SANTIESTEBAN
670 E. 65 ST.
Hialeah, FL 33013

DIRECTOR

ARTICLE VI INCORPORATOR(S)

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

BARBARA SANTIESTEBAN
670 E. 65 ST.
Hialeah, FL 33013

PRESIDENT, SECRETARY & TREASURER
100 shares

The undersigned has (have) executed these Article of Incorporation this 26 th. day of April, 19 99



Signature/Title

Signature/Title

Signature/Title

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: _____
COLOSSAL INSURANCE INC.
2. The name and address of the registered agent and office is _____
BARBARA SANTIESTEBAN
(Name)

670 E. 65 ST.
(P. O. BOX NOT ACCEPTABLE)

HIALEAH, FLORIDA 33013
(CITY/STATE/ZIP)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED 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 MY POSITION AS REGISTERED AGENT.

SIGNATURE



DATE

04-26-99

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TALLAHASSEE FL 32399