

999000043001

TRANSMITTAL LETTER

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

000002866900--0
-05/07/99--01064--010
*****78.75 *****78.75

SUBJECT: American Workplace Insurance Group, 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 of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Don G. La Barbera
Name (Printed or typed)

3802. EHRICH RD. # 302
Address

Tampa, FL 33624
City, State & Zip

(813) 961-2525
Daytime Telephone number

FILED
99 MAY -7 AM 8:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

(2)

See 5/12

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: American Workplace Insurance Group, Inc.

ARTICLE II PRINCIPAL OFFICE

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

3802 EHRlich RD. # 302
Tampa, FL 33624

ARTICLE III SHARES

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

100%

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Don La Barbera
3802 EHRlich ROAD, Ste 302
Tampa FL 33624

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Don La Barbera :
3802 EHRlich ROAD, Ste 302
Tampa FL 33624

X Don La Barbera
Signature/Incorporator

5/5/99
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

X Don La Barbera
Signature/Registered Agent

5/5/99
Date

FILED
MAY -7 AM 8:06
TALLAHASSEE, FLORIDA
SECRETARY OF STATE