

P99 0000 44794
TRANSMITTAL LETTER

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

600002873906--2
-05/13/99-01068-008
*****78.75 *****78.75

SUBJECT: MARKET INSURANCE SERVICES II INC.
(Proposed corporate name - must include suffix)

Enclosed is an original and (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☒ \$78.75 ☐ \$122.50 ☐ \$131.25

FROM: LUIS ARENCIBIA
Name (printed or typed)
15525 SW 168 TERR
Address
MIAMI, FL. 33187
City, State & Zip
305-971-0473
Daytime Telephone number

FILED
99 MAY 13 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SHARON

MAY 17 1999

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

ARTICLES OF INCORPORATION

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:

MARKET INSURANCE SERVICES II INC.

ARTICLE II PRINCIPAL OFFICE

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

15525 SW 168 TERR.
MIAMI FL 33187

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

LUIS ARENCIBIA
15525 SW 168 TERR
MIAMI FL 33187

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ARTICLE V INCORPORATOR(S)

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

LUIS ARENCIBIA
15525 SW 168 TERR
MIAMI FL 33187

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

____ 11th ____ day of ____ MAY ____ 19 99 ____ .



Signature

Signature

Signature

Articles of Incorporation
Filing Fee - \$35

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/ REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 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: MARKET INSURANCE SERVICES II INC.

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

LUIS ARENCIBIA

(Name)

15525 SW 168 TERR


(P.O. Box not acceptable)

MIAMI FL 33187

(City/State/Zip)

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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)

5/11/99