

P99000081140

ATTORNEYS' TITLE

Requestor's Name

660 E. Jefferson St.

Address

Tallahassee, FL 32301

City/St/Zip

850-222-2785

Phone #

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

1- DULCEMAR INSURANCE GROUP, INC.

2- _____

3- _____

4- _____

99 SEP 13 AM 9:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Walk-in

Pick-up time ASAP

Certified Copy

Mail-out

Will wait

Photocopy

Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<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

500002986135--0
-09/14/99--01003--011
*****78.75 *****78.75

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

99 SEP 13 PM 4:34
RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Examiner's Initials gjc

9/14

ARTICLES OF INCORPORATION

The undersigned, acting as incorporator of a corporation under the Florida General Corporation Act, adopts the following articles of incorporation for said corporation:


SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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1. The name of the corporation is: Dulcemar Insurance Group, Inc.
2. The period of duration is perpetual.
3. The address of the initial principal office is: 104 Emerald Court, Royal Palm Beach, Florida 33411.
4. The purpose is to engage in any activities of business except banking permitted under the laws of the United States and the State of Florida.
5. The Corporation shall have the authority to issue one thousand shares, all of one class, one dollar (\$1.00) par value.
6. The address of its initial registered office is: 104 Emerald Court; and its initial registered agent at that office is: Carol G. Watson.
7. The address of the principal corporate office is: 104 Emerald Court, Royal Palm Beach, Florida 33411, and its mailing address is 104 Emerald Court, Royal Palm Beach, Florida 33411.
8. The method of election of the corporate directors is provided for in the Bylaws.
9. The name(s) and address(es) of the incorporator(s) is:

NAME	ADDRESS
Carol G. Watson	104 Emerald Court Royal Palm Beach, FL 33411

10. Commencement of Corporation Existence: The Corporation shall commence its existence on the date of incorporation.

DATED this 7th day of July, 1999.



Carol G. Watson

STATE OF FLORIDA
COUNTY OF PALM BEACH

BEFORE ME, the undersigned authority, personally appeared CAROL G. WATSON, who is well known to be the person described herein and who subscribed the above Articles of Incorporation, and did freely and voluntarily acknowledge before me according to law that he made and subscribed the same for the uses and purposes therein mentioned and set forth, that I relied upon the following form of identification of the above-named person:

PERSONALLY KNOWN, and that an oath was not taken.

IN WITNESS WHEREOF, I have hereunto set my hand and seal at Palm Beach County, Florida in said county and state this 2nd day of July, 1999.

Priscilla D. Reagan
Notary Signature

Printed Notary Signature


My Commission Expires:



Priscilla D. Reagan
MY COMMISSION # CC635723 EXPIRES
July 24, 2001
BONDED THRU TROY PAIN INSURANCE, INC.

NOTICE OF ACCEPTANCE

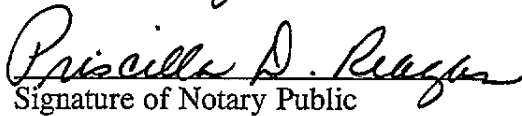
The undersigned hereby accepts appointment as Registered Agent for DULCEMAR INSURANCE GROUP, INC. and the undersigned states that he/she is familiar with and accepts the obligation of that position.


Carol G. Watson

Sworn to and subscribed before me this 2nd day of July, 1999.



Priscilla D. Reagan
MY COMMISSION # CC635723 EXPIRES
July 24, 2001
BONDED THRU TROY FAIN INSURANCE, INC.


Signature of Notary Public

Printed Name of Notary Public

Personally Known Produced Identification

Type of Identification: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA