TRANSMITTAL LETTER

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FILED

99 OCT -8 AM 10: 19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

500003010085--8 -10/08/99--01074--011 \*\*\*\*\*78.75 \*\*\*\*\*78.75

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Enclosed is an origin  \$70.00 Filing Fee	al and one(1) copy of the article  \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM:			
	Name (Printed or typed) Robert A. Chambers		
	2701 LeJeune Road, Suite 325  Address  Coral Gables, FL 33134		
	City,	State & Zip	
	305-443-9500		
	Daytime To	elephone number	
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1/3/91	<u> </u>		
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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.

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### ARTICLE I NAME

The name of the corporation shall be:

SECKETARY OF STATE FALLAHASSEE, FLORIDA

Security General Capital Corporation

#### ARTICLE II PRINCIPAL OFFICE

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

2701 LeJeune Road, Suite 325, Coral Gables, FL 33134

#### ARTICLE III SHARES

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

100,000

# ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Robert A. Chambers 2701 LeJeune Road, Suite 325, Coral Gables, FL 33134

## ARTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

Robert A. Chambers 2701 LeJeune Road, Suite 325, Coral Gables, FL 33134

Signature/Incorporator

etohn 5, 1999

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 neglistered agent

Signature/Registered Agent

Cour

Cklober 5, 199