

TRANSMITTAL LETTER

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

P990000104472

SUBJECT: A-ATLANTIC AUTO INSURANCE EAST CORP.
(Proposed corporate name - must include suffix)

100003055411--6
-11/29/99--01115--005
*****87.50 *****87.50

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 of
Status

ADDITIONAL COPY REQUIRED

FROM: Kenneth A. Powers
Name (Printed or typed)

5070 N. Dixie Hwy
Address

FORT LAUDERDALE, FL 33334
City, State & Zip

954-421-9953
Daytime Telephone number

FILED
NOV 29 PM 11:38
TALLAHASSEE, FLORIDA

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

12/1/99

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:

A-ATLANTIC AUTO INSURANCE EAST CORP

ARTICLE II PRINCIPAL OFFICE

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

5070 N. Dixie Hwy Ft. Lauderdale, FL 33334

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:

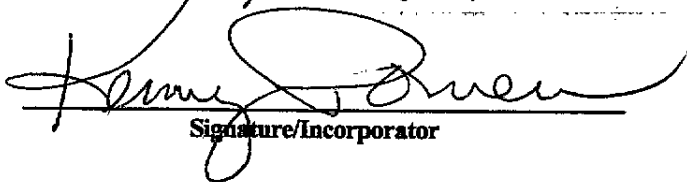
Olga Campos
4910 N.E. 1 Terr.
Ft. Lauderdale, FL 33334

ARTICLE V INCORPORATOR

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

Kenneth A. Powers
9405 N.W. 36th Ct.
Coral Springs, FL 33065

FILED
99 NOV 29 AM 11:38
STATE
TALLAHASSEE, FLORIDA


Signature/Incorporator

11-1-99
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


Signature/Registered Agent

11-1-99
Date

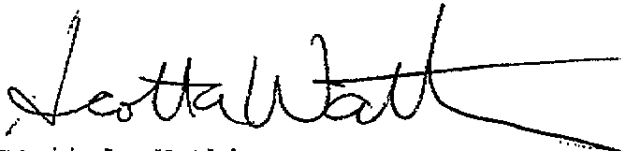
Atlantic

AUTO INSURANCE 5070 North Dixie Highway • Ft. Lauderdale, Florida 33334 • (954) 493-8331 • Fax (954) 493-8332

09-30-1999

To Whom It May Concern:


It is hereby agreed that I will not cancel this dissolution agreement within 120 days of the date of dissolution.



scott A. Watkins - president

State of Florida
County of Broward.

Sworn before me this 30 day of Sept, 1999


Notary Public

