DOC. EXAM

## TRANSMITTAL LETTER 99000105802

Department of State Division of Corporation P. O. Box 6327 Tallahassee, FL 3231		31 GT OL	0000305965 -12/03/9301020 >		
Elsen subject:	Howest Insur	Tance Crate name - must include su	20.		
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  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status  PY REQUIRED		
FROM:	CARLO Name (Pr	Ponti inted or typed)	· ·		
	1940 Alaen	nanda address	Dr.		
	No Midmi City,	FPA 331	81		
	305-895- Daytime Te	-2548 elephone number			
Panti ZATION EV PHONE TO Aut I 12-7-99	GAVE	F. S. 200	DEC 7 1999		

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

## ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corp Business Corporation Act, hereby adopts the following Articles o	oration under the Florida of Incorporation	99
ARTICLE I NAME The name of the corporation shall be:	, and per amore	EC-3
EISen HOWEN Insuna	nce Group	SE OF THE
The principal place of business and mailing address of this countries of the principal place of business and mailing address of this countries of the principal place of business and mailing address of this countries of the principal place of business and mailing address of this countries of the principal place of business and mailing address of this countries of the principal place of business and mailing address of this countries of the principal place of business and mailing address of this countries of the principal place of business and mailing address of the principal place of business and mailing address of the principal place of business and mailing address of the principal place of business and mailing address of the principal place of business and mailing address of the principal place of business and mailing address of the principal place of business and mailing address of the principal place of business and mailing address of the principal place of business and mailing address of the principal place of business and mailing address of the principal place of business and mailing address of the principal place of business and mailing address of the principal place of business and mailing address of the principal place of the place of t	corporation shall be:	18/
ARTICLE III SHARES The number of shares of stock that this corporation is author  Oo Cone hund		me is:
	•	ARA O Port
ARTICLE IV INITIAL REGISTERED AGENT The name and Florida street address of the initial registered at 1940 Atamana and Dra	igent are:  Night if	F/A 33 18
ARTICLE V INCORPORATOR  The name and address of the incorporator to these Articles  ARLOPONT, 1940 AF  FPA:33181	of Incorporation dre:	J. Midmi
Signature/Incorporator	11.30.99	·· ) ·
Signaturo por ator	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 certificate, I hereby accept the appointment as registered agent and agr provisions of all statutes relating to the proper and complete performability of my position as registered agent	ree to act in this canacity. I finther amount	ta aanumla mista st
Signature/Registered Agent	Date	