

Document Number Only

97000049082

CT CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, FL 32301 222-1092

City

State

Zip

Phone

CORPORATION(S) NAME

800002186888--2

-05/21/97--01080--034

*****70.00 *****70.00

800002186888--2

-05/21/97--01080--035

*****52.50 *****52.50

*Contractors Employee Benefits Administration,
Inc. of Florida*

Profit Arts of Inc.

☐ NonProfit

☐ Limited Liability Co.

☐ Foreign

☐ Limited Partnership

☐ Reinstatement

☒ Certified Copy

☐ Call When Ready

☒ Walk In

☐ Mail Out

☐ Amendment

☐ Dissolution/Withdrawal

☐ Annual Report

☐ Reservation

☐ Photo Copies

☐ Call if Problem

☐ Merger

☐ Mark

☐ Other Filing

☐ Change of R.A.

☐ Fic. Name

☐ CUS

☐ After 4:30

☒ Pick Up

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Availability	
Document Examiner	
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Acknowledgment	
W.P. Verifier	

CR2E031 (1-89)

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FILE STAMPED

5-21

297-28860



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

May 21, 1997

CEBA, Inc. of Florida

C T CORPORATION SYSTEM
660 EAST JEFFERSON STREET
TALLAHASSEE, FL 32301

SUBJECT: CONTRACTORS EMPLOYEE BENEFITS ADMINISTRATION, INC.
OF FLORIDA
Ref. Number: W97000011955

We have received your document for CONTRACTORS EMPLOYEE BENEFITS ADMINISTRATION, INC. OF FLORIDA and check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

If you have any questions concerning the filing of your document, please call (904) 487-6934.

Loria Poole
Corporate Specialist

Letter Number: 797A00027576

5-22-97

Loria

Please see changes

+ back date to 5-21-97.

*(The RA acceptance
is on opposite side of Arts)*

Thank you,

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

Tamara



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

May 22, 1997

C T CORPORATION SYSTEM
660 EAST JEFFERSON STREET
TALLAHASSEE, FL 32301

SUBJECT: CEBA, INC. OF FLORIDA
Ref. Number: W97000011955

*Contractors Insurance
Administrators, Inc. of Florida*

We have received your document for CEBA, INC. OF FLORIDA . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

If you have any questions concerning the filing of your document, please call (904) 487-6934.

Loria Poole
Corporate Specialist

Letter Number: 797A00028042

** Also, please
issue a Certified copy,
as previously requested.
Thank!*

Loria,

*Let's give this name a
try. If possible, please
backdate to original date
of rejection - 5-21-97.*

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314 *Thanks -*

Tamara

5-28-97

State of Florida
Articles of Incorporation
of

Contractors Insurance Administrators, Inc. of Florida

FIRST: The corporate name that satisfies the requirements of
Section 607.0401 is: Contractors Insurance Administrators, Inc. of Florida

SECOND: The street address of the principal office of the
corporation and its mailing address is:

6805 Capital of Texas Hwy., Suite 315, Austin, Texas, 78731

THIRD: The number of shares the corporation is authorized to
issue is Ten Thousand (10,000).

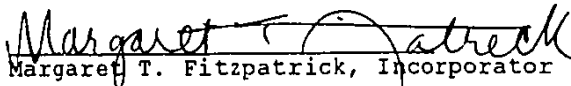
FOURTH: The street address of the initial registered office of
the corporation is C/O C T CORPORATION SYSTEM, 1200 SOUTH PINE ISLAND ROAD,
CITY OF PLANTATION, FLORIDA 33324, and the name of its initial registered
agent at such address is C T CORPORATION SYSTEM.

FIFTH: The name and address of each incorporator is:

Margaret T. Fitzpatrick

818 West 7th Street, Los Angeles,
California 90017

The undersigned have executed these articles of incorporation this
20th day of May, 1997.


Margaret T. Fitzpatrick, Incorporator

