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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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To:
Division of Corporations
Fax Number : (850)205-0381

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

FLORIDA PROFIT CORPORATION OR P.A.

ALPHA & OMEGA INSURANCE OF NAPLES INC.

Certificate of Status	0
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Estimated Charge	$78.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE OF INCORPORATION

OF

ALPHA & OMEGA INSURANCE OF NAPLES INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: ALPHA & OMEGA INSURANCE OF NAPLES INC.

The principal place of business of this corporation shall be:

2727 Bayshore Dr. Unit # 101
Naples,Fl. 34112

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United State,the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is:

100 X $ 10.00 = $1,000.00

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

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ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is(are):

MAYRA E. PEREZ — DIRECTOR
4126 Green Blvd. # 2
Naples,Fl.34116

NAISY MARELYS TORRES — DIRECTOR
2727 Bayshore Dr. Unit 101
Naples,Fl. 34112

ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the Incorporator(s) to these Article of Incorporation is (are):

MAYRA E. PEREZ — PRESIDENT (50 shares)
4126 Gren Blvd. # 2
Naples,Fl. 34116

NAISY MARELYS TORRES — SECRETARY & TREASURER (50 shares)
2727 Bayshore Dr. Unit 101
Naples,Fl. 34112

The undersigned has(have) executed these Article of Incorpora tion this 28 th. day of March _____, 2003.

Signature/Title

Signature/Title

Signature/Title

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is:

ALPHA & OMEGA INSURANCE OF NAPLES INC.

2. The name and address of the registered agent and office is

MAYRA E. PEREZ
(Name)

4126 Green Blvd, # 2
(P. O. BOX NOT ACCEPTABLE)

Naples,Fl. 34116
(CITY/STATE/ZIP)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESI AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FUR THER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMACE OF MY DUTIES AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS MY POSITION AS REGISTERED AGENT.

SIGNATURE

DATE 3-28-03