

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : WERMUTH LAW, P.A.
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DIVISION OF CORPORATIONS
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FLORIDA PROFIT CORPORATION OR P.A.

Universal Risk Solutions, Inc.

Certificate of Status	1
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ARTICLES OF INCORPORATION
OF
UNIVERSAL RISK SOLUTIONS, INC.

In compliance with the requirements of F.S. Chapter 607, the undersigned, being a natural person, hereby acts as an incorporator in adopting and filing the following articles of incorporation for the purpose of organizing a business corporation.

ARTICLE I NAME

The name of the corporation shall be Universal Risk Solutions, Inc.

ARTICLE II PRINCIPAL OFFICE

The initial principal place of business and mailing address of this corporation shall be: 848 Brickell Avenue, Suite 1235, Miami, Florida 33131.

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to engage in any lawful act or activity for which corporations may be organized under the law of Florida.

ARTICLE IV SHARES

The number of shares of common stock that this corporation is authorized to have outstanding at any one time is: One Thousand (1,000), each with a par value of \$0.01.

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent shall be: CorpWiz Registered Agents, Inc., 8300 N.W. 53 Street, Suite 308, Miami, Florida 33166

ARTICLE VI INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is: Michael Wernuth, 8300 N.W. 53 Street, Suite 308, Miami, Florida 33166.

Signature, Incorporator

Date

9/23/03

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and

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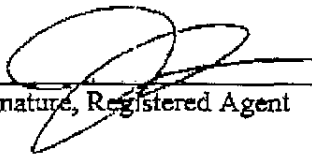
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accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



Signature, Registered Agent

9/23/03

Date

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