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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

SUBJECT:/	A <u>NEW ERA</u> (PROPOSED CORPORA	INSURAN	ce Corp
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (I) copy of the art	icles of incorporation and	d a check for:
\$70.00	\$78.75	\$78.75	\$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of
			Status
		ADDITIONAL CO	
FROM:	NIURKA M.	ARTINEZ	
	Name	(Printed or typed)	· · · · · · · · · · · · · · · · · · ·
	(02C 11)	26 PT	atil a
	5985 W.	Address	4103
		Address	
	HIACEAH,	FLORIDA , State & Zip	33016
	City	, State & Zip	
	786- 3/9	-6957	
	Daytime 1	Lelephone number	

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

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) __NAME ARTICLE I FILED The name of the corporation shall be: NEW ERA INSURAN CE CORPORATION 07 MAR 19 PM 12: 55 SECRETARY OF STATE TALLAHASSEE, FLORIDA ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 5985 W 25 CT HIACEAIL, FC 33016 ARTICLE III PURPOSE The purpose for which the corporation is organized is: INSURAnce Agency The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): NIURKA MARTINEZ 2458 W 65 ST HIALEAH, FLORIDA 33016 PRESIDENT DIRECTOR ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: NIURKA MARTINEZ 2458 W 65 ST ARTICLE VII INCORPORATOR The name and address of the Incorporator is: NIURKA MARTINEZ HIBLEBIL FL. 33016 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 accept the appointment as registered agent and agree to act in this capacity