

PD8000099418

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

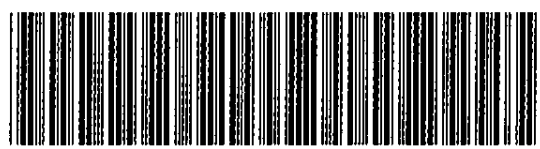
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Seguros Para Usted Internacional, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

Mailing: 8999 Alexandra Circle, Wellington, FL 33414
Physical: 3927 Jog Road, Greenacres, FL 33467-1511

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
insurance and investments

ARTICLE IV SHARES

The number of shares of stock is:
100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):
Silvia C. Garcia, 8999 Alexandra Circle, Wellington, FL 33414, President
Sandra C. Garcia, 8999 Alexandra Circle, Wellington, FL 33414, Vice President

ARTICLE VI REGISTERED AGENT

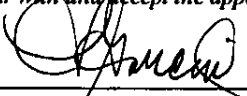
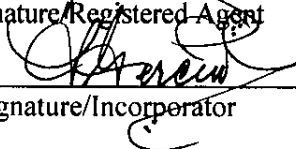
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Silvia C. Garcia, 8999 Alexandra Circle, Wellington, FL 33414

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:
Silvia C. Garcia, 8999 Alexandra Circle, Wellington, FL 33414

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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

 Signature/Registered Agent	11/03/08 Date
 Signature/Incorporator	11/03/08 Date