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Florida Department of State  
Division of Corporations  
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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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FLORIDA PROFIT/NON PROFIT CORPORATION

OBREGON INSURANCE, CORP.

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
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| Page Count            | 02      |
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**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:

OBREGON INSURANCE, CORP.

**ARTICLE II PRINCIPAL OFFICE**

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

2026 SW 1ST STREET  
SUITE: 5  
MIAMI FL 33135

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is:

SHARES: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

YOANA OBREGON - PRESIDENT  
2026 SW 1ST STREET - SUITE: 5  
MIAMI FL 33135

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

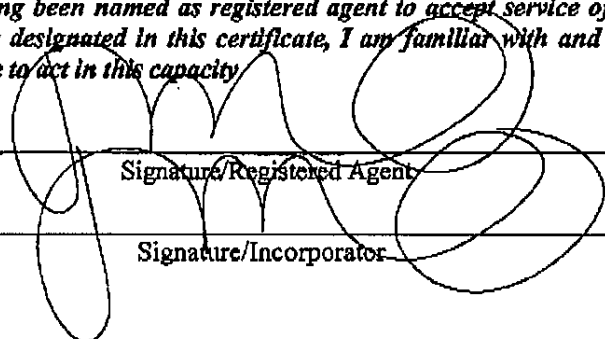
YOANA OBREGON  
2026 SW 1ST STREET - SUITE: 5  
MIAMI FL 33135

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

YOANA OBREGON  
2026 SW 1ST STREET - SUITE: 5  
MIAMI FL 33135

\*\*\*\*\*  
*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  
\_\_\_\_\_  
Signature/Incorporator

OCTOBER 21ST 2009

Date

OCTOBER 21ST 2009

Date

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