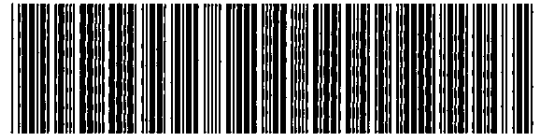


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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AND
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10 JUL 22 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FS 7/26/10

COVER LETTER

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

SUBJECT: A2Z Insurance Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy
 \$87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: Joseph Zahran
Name (Printed or typed)

651 N.W. 9th Avenue
Address

Boca Raton, FL 33486
City, State & Zip

561-245-0303
Daytime Telephone number

E-mail address: (to be used for future annual report notification)

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)

ARTICLE I NAME

The name of the corporation shall be:

A2Z Insurance, Inc.

ARTICLE II PRINCIPAL OFFICE

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

*23090 Post Gardens Way, Suite 319
Boca Raton, FL 33433*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Insurance Consulting

ARTICLE IV SHARES

The number of shares of stock is:

one share

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

*Joseph Zahran
651 N.W. 9th Avenue
Boca Raton, FL 33486*

ARTICLE VI REGISTERED AGENT

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

*Joseph Zahran
651 N.W. 9th Avenue
Boca Raton, FL 33486*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*Joseph Zahran
651 N.W. 9th Avenue
Boca Raton, FL 33486*

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

[Handwritten Signature]

Signature/Registered Agent
[Handwritten Signature]

Signature/Incorporator

7/16/10

Date
7/16/10

Date

APPROVED
AND
FILED
10 JUL 22 PM 3:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA