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TRANSMITTAL LETTER

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

400002014884--3
-11/26/96--01139--006
*****78.75 *****78.75

SUBJECT: A 1 C INSURANE INC.
(Proposed corporate name - must include suffix)

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

☐ $70.00 Filing Fee

☒ $78.75 Filing Fee & Certificate

☐ $122.50 Filing Fee & Certified Copy

☐ $131.25 Filing Fee, Certified Copy & Certificate

FROM: FLORIDA INS & ACCT SERV INC
Name (printed or typed)

P.O. BOX 651221
Address

MIAMI, FL. 33265
City, State & Zip

(305) 461-4884
Daytime Telephone number

FILED
96 NOV 25 PM 1:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE: MAIL TO THE ADDRESS ABOVE.

THANK YOU

12/2

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

FILED
96 NOV 25 PM 1:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

OF

A I C INSURANCE INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

A I C INSURANCE INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

A I C INSURANCE INC
9341 S.W. 27 STREET
MIAMI, FL. 33165

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

ONE HUNDRED SHARES (100) OF COMMON STOCK

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ISABEL L CABRERA
9341 S.W. 27 STREET
MIAMI, FL. 33165

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

ISABEL L CABRERA
9341 S.W. 27 STREET
MIAMI, FL. 33165

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 18th day of November, 19 96.

Isabel L. Cabrera
Signature
ISABEL L CABRERA PRESIDENT

Signature
ARIEL CABRERA VICE-PRESIDENT

Signature

Articles of Incorporation
Filing Fee - $35

FILED
96 NOV 25 PM 1:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: A I C INSURANCE INC

2. The name and address of the registered agent and office is:

ISABEL L CABRERA
(Name)

9341 S.W. 27 STREET
(P.O. Box not acceptable)

MIAMI, FL. 33165
(City/State/Zip)

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

Isabel L. Cabrera
(Signature)
ISABEL L CABRERA

ARIEL CABRERA

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL