

Charter Number Only

97000026600

VALIDATION ONLY

Requestor's Name: Ariel Vega  
Address: 6741 West 4 Ave  
Hialeah Fl. 33014  
City State ZIP Phone

# 9500 N

800002464648--3  
-03/23/98-01027-010  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

CORPORATION(S) NAME

1st Insurance Brokers, INC.

FILED  
98 MAR 23 AM 10:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

- Profit
- NonProfit
- Foreign
- Limited Partnership
- Reinstatement
- Certified Copy
- Call When Ready
- Walk In
- Amendment
- Dissolution
- Annual Report
- Reservation
- Photo Copies
- Call If Problem
- Will Wait
- Merger
- Mark
- Other
- Change of Registered Agent
- Certificate Under Seal
- After 4:30
- Mail Out

RECEIVED  
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VISION OF CORPORATION

Handwritten signature/initials

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

Empire Toll Free: 1-800-432-3028

ARTICLES OF INCORPORATION

of

1 ST. INSURANCE BROKERS, INC.  
(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

*ARTICLE I - CORPORATE NAME*

The name of the corporation is:

1 ST. INSURANCE BROKERS, INC.

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*ARTICLE II - DURATION*

This corporation shall exist perpetually unless dissolved according to Florida law.

*ARTICLE III - PURPOSE*

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

*ARTICLE IV - CAPITAL STOCK*

The corporation is authorized to issue 200 shares ( 200 ) of ONE Dollar(s) (\$ 1.00 ) par value Common Stock, which shall be designated "Common Shares."

*ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT*

The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:

NAME	MARTHA OLIVERA		
ADDRESS	7085 WEST 15 AVENUE		
CITY	HIALEAH	FLORIDA	ZIP 33014

The principal office, if known, or the mailing address of the corporation is:

NAME	1ST. INSURANCE BROKERS, INC. C/O MARTHA OLIVERA		
ADDRESS	6741 WEST 4 AVENUE		
CITY	HIALEAH	FLORIDA	ZIP 33014

*ARTICLE VI - INITIAL BOARD OF DIRECTORS*

This corporation shall have ONE ( 1 ) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:


NAME	MARTHA OLIVERA		
ADDRESS	7085 WEST 15 AVENUE		
CITY	HIALEAH	STATE FLORIDA	ZIP 33014
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

**ARTICLE VII - INCORPORATORS**

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:


NAME	MARTHA OLIVERA		
ADDRESS	7085 WEST 15 AVENUE		
CITY	HIALEAH	STATE	FLORIDA
		ZIP	33014
			<del>XXXX</del>
NAME			
ADDRESS			
CITY		STATE	
		ZIP	
NAME			
ADDRESS			
CITY		STATE	
		ZIP	

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 15 day of MARCH, 19 98.

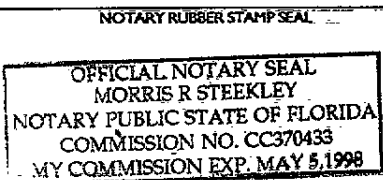
  
 \_\_\_\_\_ (Seal)  
 MARTHA OLIVERA  
 \_\_\_\_\_ (Seal)  
 \_\_\_\_\_ (Seal)

STATE OF FLORIDA )  
 COUNTY OF DADE ) SS.

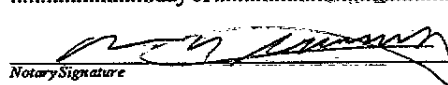
before me, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared:

 Signature  
 \_\_\_\_\_ Form of Identification  
 \_\_\_\_\_ Signature  
 \_\_\_\_\_ Form of Identification  
 \_\_\_\_\_ Signature  
 \_\_\_\_\_ Form of Identification

known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, who acknowledged before me that she executed these Articles of Incorporation, that I relied upon the form of identification of the above named person as indicated opposite each name, and that an oath was not taken.



Witness my hand and official seal in the County and State last aforesaid this 15 day of MARCH, 19 98.

  
 \_\_\_\_\_ Notary Signature  
 MORRIS STEEKLEY  
 \_\_\_\_\_ Printed Notary Signature

CERTIFICATE AND ACKNOWLEDGEMENT  
OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT

OF

1ST. INSURANCE BROKERS, INC.

(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at 7085 WEST 15 AVENUE

HIALEAH, FLA 33014

has named MARTHA OLIVERA

located at the aforesaid address, as its Registered Agent to accept service of process within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.



(registered agent)

MATRTHA OLIVERA

98 MAR 23 AM 10:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED