

JUNE 02/1999

Corporate Records Bureau  
P.O. Box 6327  
Tallahassee, Florida 32311

*P99000254741*

RE: Articles of Incorporation --- ~~INSURANCE PLUS INC.~~

Dear Sirs:

400002897234--3  
-06/07/99--01149--008  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

Enclosed please find a check in the amount of \$78.75 representing the fee for a certified copy and filing of the enclosed Articles of Incorporation for the above referenced matter.

If you have any question regarding the foregoing, please do not hesitate to contact me at:  
(305) 970-6821

Sincerely yours,

*Ana C. Perez*

ANA C. PEREZ  
6725 SW 28 ST  
miami, florida 33165

FILED  
99 JUN 16 PM 1:13  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

*[Signature]*  
6/16

*W99-13600  
2544  
P9861860*



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

June 10, 1999

ANA C PEREZ  
6725 SW 28 STREET  
MIAMI, FL 33165

SUBJECT: INSURANCE PLUS INC.  
Ref. Number: W99000013600

We have received your document for INSURANCE PLUS INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6904.

Freida Chesser  
Corporate Specialist

Letter Number: 399A00031456

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

99 JUN 16 AM 11:48

RECEIVED

## ARTICLES OF INCORPORATION

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:

INSURANCE PLUS SOUTH FLORIDA INC.

### ARTICLE II PRINCIPAL OFFICE

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

4975 E 4 AVE  
HIALEAH, FLORIDA 33012

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ANA C. PEREZ  
6725 SW 28 ST.  
MIAMI, FLORIDA 33165

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

ARTICLE V INCORPORATOR(S)

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

ANA C. PEREZ 6725 SW 28 ST MIAMI, FLORIDA 33165  
JORGE PEREZ 6800 SW 130 TERRA MIAMI, FLORIDA 33156  
ALEXIS A. MATOS 6398 W 22 LANE HIALEAH, FLORIDA 33016

ARTICLE VI DIRECTOR(S)

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

SAME AS ABOVE

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this  
2 day of JUNE, 1999.

**CERTIFICATION OF DESIGNATION**

**REGISTERED AGENT / REGISTERED OFFICE**

Pursuant the provisions of sections 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: INSURANCE PLUS SOUTH FLORIDA INC
2. The name and address of the registered agent and office is:

ANA C. PEREZ

(NAME)

6725 SW 28 ST

(PO. BOX NOT ACCEPTABLE)

MIAMI, FLORIDA 33165

(CITY / STATE / ZIP)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNED 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.

SIGNATURE

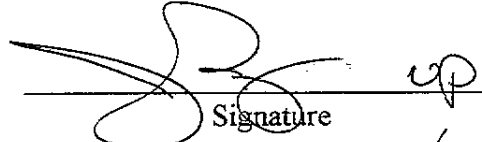


DATE 6/2/99

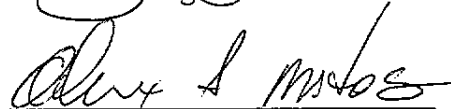
ANA C. PEREZ  
PRESIDENT



  
Signature

JORGE PEREZ  
VICE-PRESIDENT

  
Signature

ALEXIS A. MATOS  
SECRETARY / TREASURER

  
Signature

  
 Jose Tellez  
My Commission CC812107  
Expires February 24, 2003

**FILED**  
99 JUN 16 PM 1:13  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA