AZARUS CORPORATE FILING SERVICE (Requestor's Name) 3320 S.W. 87 AVENUE (Aldress) MIAMI, FLORIDA (305)552-5973 (City, State, Zip) TERESA ROMAN (TALLAHASSEE REPRESENTATIVE) OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): (Corporation Name) (Document #) *****78.75 *****78.75 (Document #) (Corporation Name) Walk in Pick up time 3.65 Certified Copy Mail out Will wait Photocopy Certificate of Status ANIENDMENTS NEW FILINGS Amendment Profit Resignation of R.A., Officer/Director NonProfit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger Other REGISTRATION/ OTHER FILINGS QUALIFICATION Annual Report Éoreign Fictitious Name Limited Partnership

Reinstatement Trademark

Examiner's Initials

Other

CR2E031(9/92)

Name Reservation

ARTICLES OF INCORPORATION

of

	A. AN	D. INSURANCE GROUP THE. (name of corporation)	
The undersign corporation	gned subscriber(s) to these Ar under the laws of the State	ticles of Incorporation, natural person(s) competent to con	ntract, hereby form a
	A	RTICLE I - CORPORATE NAME	
The name of	of the corporation is:	-	SS 00
	A. AN	D D. INSURANCE GROUP INC.	四日 1
		ARTICLE II - DURATION	SECONETHINA OF STANDARD TO STA
This corpora	ation shall exist perpetually	unless dissolved according to Florida law.	STA B III
		ARTICLE III - PURPOSE	E C
The corpora United State	tion is organized for the purpers and the State of Florida.	ose of engaging in any activities or business permitted u	ndeghe laws of the
	tion is authorized to issue	ARTICLE IV - CAPITAL STOCK seven thousand five hundred shares (7,500) of One	
Dollar(s) (\$	1.00 par	value Common Stock, which shall be designated "Con	nmon Shares."
	ARTICLE V -	INITIAL REGISTERED OFFICE AND AGENT	
The street a	ddress of the Initial Registere	d Agent office and the name of the Initial Registered Ag	gent at that office is:
NAME A	nn Vazquez		
ADDRESS 4	172 W 12 Ave.		
CTTY H:	ialeah	FLORIDA	ZIP 33012
The principa	al office, if known, or the m	ailing adress of the corporation is:	
MME AI	nn Vazquez		
DDRESS 41	172 W 12 Ave.		
TTY H	ialeah	FLORIDA	zir 33012
	ARTICLE	VI - INITIAL BOARD OF DIRECTORS	
increased or	tion shall have <u>One</u> diminished from time to tim the initial director(s) of the	directors initially. The number of directors by the By-Laws, but shall never be less than one (1) corporation are as follows:	ectors may be either). The names and
NAME Ar	nn Vazquez		
DDRESS 52	264 W 25 Ln		
TTY H	ialeah	STATE Florida	_{ZIP} 33016
IAME			,
DDRESS	-		
CITY		STATE	ZiP
IAME	_		
DDRESS			
TTY		STATE	ZIP

ARTICLE VII - INCORPORATORS

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

NAME Ann Vazquez		
ADDRESS 5264 W 25 Ln		
CTTY Hialeah	STATE Florida	zip 33016
NAME		
ADDRESS		
СПУ	SIATE	ZIP
NAME		
ADDRESS		
CITY	SIATE	ZIP
IN WITNESS WHEREOF, the under day of December 200	rsigned subscriber(s) have executed these Articles of .	Incorporation this 12nd (Seal) (Seal) (Seal)
STATE OF FLORIDA COUNTY OF MIAMI-DADE before me, a Notary Public authorized appeared:) SS	set forth above, personally
de Vah		
Signiture	Personally known to m	
Signature	Form of Identif	ication
Signature	Form of Identii	ication
me that she executed these	(s) who executed the foregoing Articles of Incorporation Articles of Incorporation, that I relied upon the formc ach name, and that an oath was not taken. Witness my hand and official scal in the Com 1 2 nd	of identification of the above

CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT

OF

A. AND D. INSURANCE GROUP 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 4172 W 12 Ave.

Hialeah, Florida 33012

has named Ann Vazquez

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.

FORM 215: