

Handwritten: Roman 81263

LAZARUS CORPORATE FILING SERVICE

(Requestor's Name)
3320 S.W. 87 AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973
(City, State, Zip) (Phone #)

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. ~~CONFIDENTIAL INSURANCE SERVICES INC.~~
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

Walk in
 Pick up time 2:00
 Certified Copy
 Mail out
 Will wait
 Photocopy
 Certificate of Status

00 AUG 28 PMD 11:52 AM 110:54
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 FILED

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

200003371052--4
-08/24/00-01037-003
*****78.75 *****78.75

Handwritten: 2000-25889

Examiner's Initials	
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FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

August 24, 2000

LAZARUS

SUBJECT: GULF ATLANTIC INSURANCE SERVICES INC.
Ref. Number: W00000020889

We have received your document for GULF ATLANTIC INSURANCE SERVICES 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.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 487-6933.

Teresa Brown
Corporate Specialist

Letter Number: 200A00045493

RECEIVED
00 AUG 28 AM 11:13
DIVISION OF CORPORATIONS

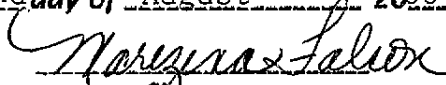
ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

Marizena Falcon
621 San Antonio Ave.

Coral Gables, Fl 33146

The undersigned incorporator has executed these Articles of Incorporation this 22nd day of August 2000


Signature

ARTICLE VI- DIRECTOR(S)

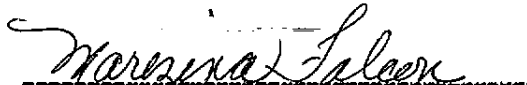
The name(s) and street address(es) of the director(s) to these Articles of Incorporation is (are):

Marizena Falcon 50% Secretary/Treasurer
621 San Antonio Ave.
Coral Gables, Fl 33146

Gloria Guzman 50% President
15121 NW 87 CT.
Miami Lakes, Fl 33018

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.


Registered Agent Signature

FILED
00 AUG 28 PM 1:30
SECRETARY OF STATE
TALLAHASSEE FLORIDA