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OFFICE USE ONLY (Document #)		
EXPRESSCORPORATE FILING SER	VICE, INC.	
(Requestor's Name)	· · · · · · · · · · · · · · · · · · ·	
3940 W. FLAGLER ST. 2nd FLO	OR .	
(Address)		
)444-4994	
(City, State, Zip) (Phone #)		
	OFFICE USE ONLY	
CORPORATION NAME(S) & DOCU	MENT NUMBER(S) (if known):	
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NEW FILINGS	AMENDMENTS *	*****78.75 *****78.75
✓ Profit A	mendment	
NonProfit R	esignation of R.A., Officer/Director	
Limited Liability C	hange of Registered Agent	
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OTHER FILINGS	REGISTRATION!	NY SEE
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Examiner's Initials

CR2E031(9/92)

ARTICLES OF INCORPORATION **FOR**

OOSEP PH 2:20 FLORIDA INSURANCE UNDERWRITERS & FINANCI SERVICES INC.

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

ARTICLE I NAME

The name of the corporation shall be:

FLORIDA INSURANCE UNDERWRITERS & FINANCIAL SERVICES INC.

ARTICLE II PRINCIPAL OFFICE

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

2476 S.W. 8th STREET MIAMI, FL 33135

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have shall be:

SHARES: 100 @ \$1.00

ARTICLE IV REGISTERED AGENT

The name and Florida street address of the initial registered agent shall be:

NANCY ALBEAR 2476 S.W. 8th STREET MIAMI, FL 33135

ARTICLE V INCORPORATOR

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

NANCY ALBEAR 2476 S.W. 8th STREET **MIAMI, FL 33135**

Mellery Alberta

0/00 Date

ARTICLE VI DIRECTOR(S)/OFFICER(S)

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

NANCY ALBEAR (P) 2476 S.W. 8th STREET MIAMI, FL 33135

Having been named as registered and to accept service of process for the above started corporation at the place designated in this certificate, I hereby accept the appointment as registered agent an 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 of Registered Agent

Date