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Florida Department of State

Division of Corporations
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To:

Division of Corporations

Fax Number : (850)922-4001

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)220-1440

FLORIDA PROFIT CORPORATION OR P.A.

ULTIMATE INSURANCE II, INC.

Certificate of Status	0
Certified Copy	A
Page Count	(93)
Estimated Charge	\$78.75

DIVISION OF CORPORATIONS

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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 J - NAME

The name of the corporation shall be:

ULTIMATE INSURANCE II, INC.

ARTICLE II - PRINCIPAL OFFICE

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

10826 PINES BLVD, PEMBROKE PINES, FL 33026

ARTICLE III -SHARES

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

100 SHARES

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ILEANA MALLOL

10826 PINES BLVD, PEMBROKE PINES, FL 33026

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LAZARUS CORPORATION

ARTICLE V - INCORPORATOR

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

ILEANA MALLOL

The undersigned incorporator has executed these Articles of Incorporation this 5th day of SEPTEMBER 2000

ARTICLE VI- DIRECTOR(S)

Signature

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

ILEANA MALLOL 10826 PINES BLVD, PEMBROKE PINES 33026 (PRESIDent)

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

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