YUUUUY3340

TRANSMITTAL LETTER

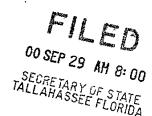
Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

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SUBJECT: BOSCH INSURANCE GROUP INC. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :						
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL COP	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	7		
FROM:	MR HUGO I	Bosch (inted or typed)	SECR TALLA	- 00 SI		
Addition THO				00 SEP 29 AM		
	MIAMI, FLOR	21DA, 33143 tate & Zip	FLORIDA	1 8: 00	1 4 1	
		ephone number		÷		

NOTE: Please provide the original and one copy of the articles.



ARTICLES	OF INCORPOR	ATION
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	In compliance	with Cha	pter 607	and/or	Chapter	621.	F.S. (Profit)
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<u>ARTICLE I NAME</u>		
The name of the corporation shall be:	22 0	
BOSCH INSURANCE	GROUP	TNC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:
10300 Sunset Drive Stute 417
MIAMI FL 33173

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROFIT

ARTICLE IV SHARES
The number of shares of stock is:

ONE THOUSAND (1,000)

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)
The name(s) and address(es):
Hugo D Bosch 7505 SW 82 ST APT 119
MIAMI FL 33143

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Hugo D. Bosch 7505 SW 82 ST APT 119

MIAMI FL 33143

ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:

Hugo D. Bosch 7505 SW 82 ST APT 119

HUAMI FL 33143

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Signature/recorporator

9/25/00

9 25 00 Date