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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 : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305)541-3694
Fax Number : (305)541-3770

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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FLORIDA PROFIT CORPORATION OR P.A.

WEST DADE INSURANCE BROKER, CORP.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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ARTICLES OF INCORPORATION

OF

WEST DADE INSURANCE BROKER, CORP.

These Articles are in compliance with Chapter 607, F.S.

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ARTICLE I

The name of this corporation shall be:

WEST DADE INSURANCE BROKER, CORP.

ARTICLE II

This corporation shall commence existence upon the date of filing with the Division of Corporations, state of Florida, and shall have perpetual existence.

ARTICLE III

The principal place of business of this corporation is: 10801 S.W. 134 PLACE, MIAMI, FL 33186

ARTICLE IV

The general nature of business of this corporation is to transact any and all lawful business.

ARTICLE V

The aggregate number of shares which this corporation shall have authority to issue are 100 shares having an individual par value of \$1.00

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

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ARTICLE VI

The name and street address of the initial Registered Agent of this corporation shall be: LUIS A. PEREZ
1719 RED ROAD
MIAMI, FL 33155

ARTICLE VII

The initial board of Directors shall consist of a total of 2 person(s) and the name and address of the person(s) who are to serve as an initial director(s) is(are):

MIGUEL A. CESPEDES 10801 S.W. 134 PLACE
PRESIDENT MIAMI, FL 33186

MANUEL A. ENRIQUEZ 1725 RED ROAD
VICE-PRESIDENT MIAMI, FL 33155

ARTICLE VIII

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

Empire Corporate Kit of America, Inc.
2444 N.W. 7TH PLACE
MIAMI, FL 33127

The undersigned has executed these Articles of Incorporation this 2nd
day of NOVEMBER, 2000.

Ray Stormont
INCORPORATOR
RAY STORMONT Signing for
Empire Corporate Kit of America, Inc.

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CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

First that WEST DADE INSURANCE BROKER, CORP.
(Name of Corporation)

desiring to organize under the laws of the State of FLORIDA

with its principal office, as indicated in the articles of incorporation has named LUIS A. POPEZ located at

(Name of registered agent)
1719 REA ROAD, MIAMI, FL, County of DADE 33155 State

of Florida, as its agent to accept service of process within this state.

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE 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 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



REGISTERED AGENT

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