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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

FLORIDA PROFTT CORPORATION OR P.A.**COORDINATED INSURANCE PROGRAM, INC.**

Certificate of Status	0
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FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

July 26, 2001

FAS-T

SUBJECT: COORDINATED INSURANCE PROGRAM, INC.
REF: W01000017193

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Freida Chesser
Corporate Specialist
New Filings Section

FAX Aud. #: H01000084516
Letter Number: 901A00043414

COORDINATED INSURANCE

PROGRAM, INC.

We, the undersigned are desirous of forming a corporation under the laws of the state of Florida such laws that are applicable to corporations for profit, and respectfully petition the secretary of state for approval of such incorporation under the following proposed certificate of incorporation.

ARTICLE I

NAME

The name of the corporation shall be **COORDINATED INSURANCE PROGRAM, INC.** and its principle place of business shall be 17021 SOUTH DIXIE HWY. MIAMI, FL. 33157 and any other location that the board of directors may deem appropriate.

ARTICLE II

RESIDENT AGENT

The resident agent of the corporation shall be KAREN PARAN 17021 SOUTH DIXIE HWY MIAMI, FL 33157

ARTICLE III

GENERAL NATURE OF BUSINESS

The general purpose or objet to be transacted promoted or carried on by this corporation is any activity or business permitted under the laws of the United States and of the States of Florida.

ARTICLE IV

SHARES OF STOCK

The maximum number of shares of stock that corporation is authorized to have outstanding at any time is five hundred (500) of common stock.

ARTICLE V

AMOUNT OF CAPITAL

The amount of capital with which the corporation will begin business will be a minimum of five hundred dollars (\$500.00)

ARTICLE VI

DURATION

This corporation is to have perpetual existence commencing upon the approval by the secretary of state of this certificate of incorporation.

ARTICLE VII

DIRECTORS

ONE director will manage the affairs of the corporation. The names and addresses of the individual who is to serve as director until new director are elected at the shareholders meeting is:

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NAME

KAREN PARAN

PRESIDENT

ADDRESS

**17021 SOUTH DIXIE HWY
MIAMI, FL 33157**

**WE, THE UNDERSIGNED, BEING THE ORIGINAL SUBSCRIBERS TO THIS
CERTIFICATE OF INCORPORATION, DO HEREBY MAKE, SUBSCRIBE,
ACKNOWLEDGE AND FILE THIS CERTIFICATE AND CERTIFY THAT THE
FACTS STATED HEREIN ARE TRUE, AND HAVE UNTO SET MY HAND AND
SEAL THIS 23 DAY OF JULY, 2001**


KAREN PARAN

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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.

1. The name of the corporation is **COORDINATED INSURANCE PROGRAM, INC.**
2. The name and address of the registered agent is **KAREN PARAN**
17021 SOUTH DIXIE HWY. MIAMI, FL 33157

SIGNATURE

TITLE

DATE

Karen H. Paran

President

7/23/01

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 THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THE CAPACITY I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I'M FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

DATE

Karen H. Paran

7/23/01