

## TRANSMITTAL LETTER

600004528486-0  
-08/10/01-01048-010  
\*\*\*\*\*87.50 \*\*\*\*\*78.50

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-08/10/01--01048--010  
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<input type="checkbox"/> \$78.75	<input checked="" type="checkbox"/> \$87.50
Filing Fee	Filing Fee,
& Certified Copy	Certified Copy
	& Certificate of
	Status
<b>ADDITIONAL COPY REQUIRED</b>	

01 AUG 10 PM 2:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

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

15/8/14/01 -

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

01 AUG 10 PM 2:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

SIGMA INSURANCE AGENCY INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

2100 SW 143 PLACE MIAMI FLORIDA 33175

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

INSURANCE AGENCY.

**ARTICLE IV SHARES**

The number of shares of stock is:

1000 (SHARES)

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s), address(es) and title(s):

MR FRANCISW J. MARTINEZ 2100 SW 143 PLACE MIAMI FL 33175  
DIRECTORS.

MR. ANGEL A. SUAREZ 516 NW 61AVE MIAMI FL 33126  
DIRECTORS.

**ARTICLE VI REGISTERED AGENT**

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

PAULA. M. MARTINEZ 2100 SW 143 PLACE MIAMI FL 33175

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

MR. FRANCISW J MARTINEZ 2100 SW 143 PL MIAMI FL 33175

\*\*\*\*\*  
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

Paula M. Martinez

Signature/Registered Agent

8/07/01

Date

MJ

Signature/Incorporator

8/07/01

Date