

P01000081134

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H01000090740 1)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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 PROFIT CORPORATION OR P.A.

FIRST CLASS INSURANCE GROUP INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

FILED
01 AUG 17 AM 10:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

McKnight AUG 17 2001

ARTICLE OF INCORPORATION

OF

FIRST CLASS INSURANCE GROUP INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: FIRST CLASS INSURANCE GROUP INC.

The principal place of business of this corporation shall be:

6930 W. 27 Ave.
Hialeah, Fl. 33016

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United State, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is:

100 X \$10.00 = \$1,000.00

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

FILED
01 AUG 17 AM 10:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is(are):

ELOY D. GONZALEZ
6930 W. 27 Ave.
Hialeah, Fl. 33016

DIRECTOR

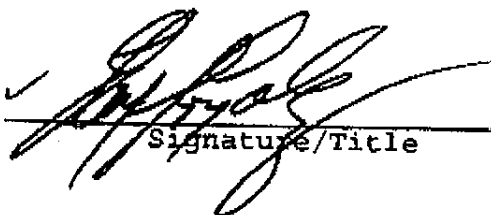
ARTICLE VI INCORPORATOR(S)

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

ELOY D. GONZALEZ
6930 W. 27 Ave.
Hialeah, Fl. 33016

PRESIDENT, SECRETARY & TREASURER
100 shares

The undersigned has(have) executed these Article of Incorporation this 16 th. day of August, 2001.



Signature/Title

Signature/Title

Signature/Title

H01000090740 1

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, 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:_____

FIRST CLASS INSURANCE GROUP INC.

2. The name and address of the registered agent and office is ELOY D. GONZALEZ
(Name)

6930 W. 27 Ave.

(P. O. BOX NOT ACCEPTABLE)

Hialeah, Florida 33016

(CITY/STATE/ZIP)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESI 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 MY POSITION AS REGISTERED AGENT.

SIGNATURE _____

DATE 8-16-01

FILED
01 AUG 17 AM 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H01000090740 1