

Division of Corporations

Page 1 of 1

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Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

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To:

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

From:

Account Name : ANA DALMAU ARES, P.A.
Account Number : I20000000268
Phone : (305)229-8256
Fax Number : (305)229-8252

FLORIDA PROFIT CORPORATION OR P.A.

A.L.A. INSURANCE CORP.

Certificate of Status	0
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ARTICLES OF INCORPORATION
OF
A.L.A. INSURANCE CORP.

THE UNDERSIGNED has executed the following document as incorporator of the above named corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the law of the State of Florida.

ARTICLE I

The name of this corporation shall be:

A.L.A. INSURANCE CORP.

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and purpose proposed to be transacted and carried on by this corporation are to do any and all of the things, as fully and to the same extent as natural persons might do, viz:

PREPARED BY: ANA DALMAU ARES
3636 SW 87TH AVE.
MIAMI, FL. 33165

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Transact any and all lawful business.

(1) Said corporation shall further have powers:

To have perpetual succession by its corporate name,

A.L.A. INSURANCE CORP.

ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 50 shares, having an individual par value of US\$10.00.

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.

ARTICLE V

The name and street address of the initial Registered Agent of this corporation shall be:

**ALFREDO LEON
9225 COLLINS AVE. – APT. 1206
MIAMI BEACH, FL. 33154**

The principal office shall be:

**9225 COLLINS AVE. – APT. 1206
MIAMI BEACH, FL. 33154**

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ARTICLE V

The initial Board of Directors and Shareholders shall be composed by ONE (1) person, whose name and address is:

ALFREDO LEON - PRESIDENT - 100% SHAREHOLDER
9225 COLLINS AVE.-APT.1206
MIAMI BEACH, FL. 33154

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

ALFREDO LEON
9225 COLLINS AVE. APT. 1206
MIAMI BEACH, FL 33154

IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation this 8TH day of October, 2001


ALFREDO LEON
PRESIDENT

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**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provision of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the law 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:

A.L.A. INSURANCE CORP.

2. The name and address of the registered agent and office is:

ALFREDO LEON
9225 COLLINS AVE. - APT. 1206
MIAMI BEACH, FL 33154

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: _____

ALFREDO LEON

DATE: _____

10/6/01

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