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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 : EMPIRE CORPORATE KIT COMPANY  
 Account Number : 072450003255  
 Phone : (305) 634-3694  
 Fax Number : (305) 633-9696

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01 DEC 11 PM 12:12  
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TALLAHASSEE, FLORIDA

**FLORIDA PROFIT CORPORATION OR P.A.**

**I.D. INSURANCE GROUP, INC.**

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

7:58 AM DEC 11 2011

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ARTICLES OF INCORPORATION

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

ARTICLE 1 NAME

THE NAME OF THE CORPORATION SHALL BE: I.D. INSURANCE GROUP, INC.

ARTICLE 11 PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS OF THIS CORPORATION SHALL BE:

1738 SW 57 AVENUE  
MIAMI, FL 33155

ARTICLE 111 SHARES

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS: 100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS:

JUAN CARLOS CARVAJALINO 1738 SW 57 AVENUE, MIAMI, FL. 33155

PREPARED BY: SHIRLEY ALMAZAN 10477 SW 40 STREET, MIAMI, FL. 33165 /305-227-0378

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ARTICLE V INCORPORATOR(S)

THE NAME(S) AND ADDRESS(ES) OF THE INCORPORATOR(S) TO THESE ARTICLES OF INCORPORATION IS (ARE):

JUAN CARLOS CARVAJALINO  
1738 SW 57 AVENUE  
MIAMI, FL 33155

THE UNDERSIGNED INCORPORATOR(S) HAS (HAVE) EXECUTED THESE ARTICLES OF INCORPORATION THIS 10 DAY OF December, 2001.

Signature

Signature

PREPARED BY: SHIRLEY ALMAZAN 10477 SW 40 STREET, MIAMI, FL. 33165/305-227-0378

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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PURSUANT TO THE PROVISIONS OF SECTION 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: LD. INSURNACE GROUP, INC.

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

JUAN CARLOS CARVAJALINO

(Name)

1738 SW 57 AVENUE

MIAMI, FL 33144

(City/State/Zip)

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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.

*Juan Carlos Carvajalino*  
Signature

12-10-01

Date

PREPARED BY: SHIRLEY ALMAZAN 10477 SW 40 STREET, MIAMI, FL. 33165/ 305-227-0378

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