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FLORIDA PROFIT CORPORATION OR P.A.

CARLOS LUIS INSURANCE AGENCY, INC.

Certificate of Status	0
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TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION  
OF  
CARLOS LUIS INSURANCE AGENCY, INC.

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

ARTICLE I NAME

The name of the corporation shall be:

CARLOS LUIS INSURANCE AGENCY, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

6291 S.W. 40 Street  
Miami, Florida 33155

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is 1,000.00 shares of One (\$1.00) Dollar par value each.

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

JUAN E. FIGUERAS, ESQUIRE  
7050 S.W. 86th Avenue  
Miami, Florida 33143

ARTICLE V INITIAL BOARD OF DIRECTORS

This corporation shall have one (1) Director initially. The number of Directors may be increased or diminished from time to time by the By-laws but shall never be less than one (1). The name and

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TALLAHASSEE, FLORIDA

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address of the initial Director of this corporation is:

CARLOS LUIS  
2595 S.W. 99 Court  
Miami, Florida 33165

ARTICLE VI INITIAL OFFICERS

The names and street addresses of the initial officer(s) of this corporation are:

CARLOS LUIS  
2595 S.W. 99 Court  
Miami, Florida 33165

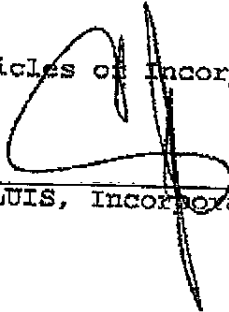
PRESIDENT, TREASURER  
& SECRETARY

ARTICLE VII INCORPORATOR

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

CARLOS LUIS  
2595 S.W. 99 Court  
Miami, Florida 33165

The undersigned has executed these Articles of incorporation this 12th day of February, 2002.

  
\_\_\_\_\_  
CARLOS LUIS, Incorporator

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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 State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

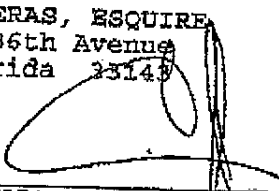
1. The name of the corporation is:

CARLOS LUIS INSURANCE AGENCY, INC.

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

JUAN E. FIGUERAS, ESQUIRE  
7050 S.W. 86th Avenue  
Miami, Florida 33149

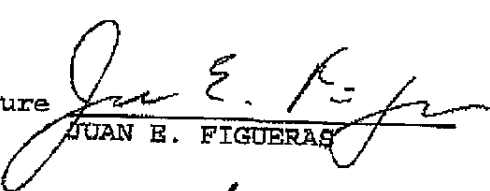
Signature

  
CARLOS LUIS, President

Date: February 12<sup>th</sup>, 2002.

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

  
JUAN E. FIGUERAS

Date: February 12<sup>th</sup>, 2002.

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