

Charter Number Only

10200049864

Requestor's Name  
Fast management  
Address  
8405 N.W. 53 St. #E100  
Miami, Florida 33166  
City State ZIP Phone  
551F

FILED ONLY

CORPORATION(S) NAME

800005481018--1  
-05/07/02--01028--014  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

ABS Insurance, Inc.

RECEIVED  
02 MAY -7 AM 9:43  
TALLAHASSEE, FLORIDA  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

- ☒ Profit  
☐ NonProfit  
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☐ Limited Partnership  
☐ Reinstatement  
☒ Certified Copy  
☐ Call When Ready  
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- ☐ Amendment  
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CR2E031 (R8-85)

Empire Toll Free: 1-800-432-3028

## ARTICLES OF INCORPORATION

WE THE UNDERSIGNED, HEREBY ASSOCIATE OURSELVES TOGETHER FOR THE PURPOSE OF BECOMING A CORPORATION UNDER THE LAWS OF THE STATE OF FLORIDA PROVIDING FOR PROFIT WITH THE POWERS, RIGHTS, PRIVILIGES AND IMMUNITIES HEREINAFTER MENTIONED AND WE HEREBY MAKE, SUBSCRIBE AND ACKNOWLEDGE AND FILE WITH THE SECRETARY OF FLORIDA THESE ARTICLES OF INCORPORATION; AND TO THAT END WE DO, BY THESE ARTICLES, SET FORTH:

### ARTICLE I

THE NAME OF THIS CORPORATION (WHICH IS HEREINAFTER CALLED THE "CORPORATION" IS:

**ABS INSURANCE, INC.**

### ARTICLE II

THIS COMPANY SHALL EXIST PERPETUALLY, CORPORATION EXISTANCE SHALL BEGIN ON THE DAY UPON WHICH THESE ARTICLES ARE APPROVED BY THE SECRETARY OF THE STATE OF FLORIDA.

### ARTICLE III

THE PURPOSE OF THIS CORPORATION IS TO TRANSACT ANY OR ALL LAWFUL BUSINESSES FOR WHICH CORPORATIONS MAY BE INCORPORATE UNDER CHAPTER 607 OF THE FLORIDA STATUTES.

### ARTICLE IV

THIS CORPORATION IS AUTHORIZED TO ISSUE FIVE HUNDRED (500) SHARES OF COMMON STOCK, WHICH SAID SHARES SHALL HAVE A PAR VALUE OF TEN (\$10.00) DOLLAR PER SHARE UPON ISSUANCE.

### ARTICLE V

THE PRINCIPAL PLACE OF BUSINESS OF THIS CORPORATION SHALL BE AT:

**467 WEST 43 PLACE      HIALEAH, FLORIDA 33012**

WITH THE PRIVILEGE OF HAVING BRANCH OFFICES WITHIN AND WITHOUT THE STATE OF FLORIDA.

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

ARTICLE VI

THE INITIAL REGISTERED AGENT OF THIS CORPORATION UPON WHICH PROCESS MAY BE SERVED IS: **LOUIS F. CAST** AND THE INITIAL REGISTERED OFFICE IS LOCATE AT: **8405 NW 53 STREET SUITE C-100 MIAMI, FLORIDA 33166**

ARTICLE VII

THIS CORPORATION SHALL HAVE **ONE** DIRECTOR(S) INITIALLY. THE NUMBER OF DIRECTORS SHALL BE FIXED BY LAW AND MAY BE CHANGED FROM TIME TO TIME.

ARTICLE VIII

THE NAME AND STREET ADDRESSES OF THE INITIAL DIRECTOR OF THIS CORPORATION IS:

**BLAS GARCIA**  
**467 WEST 43 PLACE HIALEAH,FLORIDA 33012**

THE AFORSAID DIRECTORS SHALL HOLD OFFICE FOR THE YEAR OF THIS CORPORATION EXISTANCE OR UNTIL A SUCCESSOR IS CHOSEN AS PROVIDED FOR IN THE BYLAWS.

THE INITIAL OFFICERS OF THIS CORPORATION AND THEIR ADDRESSES ARE:

**PRESIDENT: SILVIA M. VALDES 467 WEST 43 PLACE HIALEAH,FLORIDA 33012**

**VICE-PRESIDENT: BLAS GARCIA 467 WEST 43 PLACE HIALEAH,FLORIDA 33012**

**SECRETARY: BLAS GARCIA 467 WEST 43 PLACE HIALEAH,FLORIDA 33012**

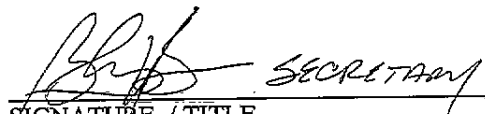
**TREASURER: SILVIA M. VALDES 467 WEST 43 PLACE HIALEAH,FLORIDA 33012**

ARTICLE IX

THE NAME AND STREET ADDRESS OF THE INCORPORATOR

**BLAS GARCIA**  
467 WEST 43 PLACE HIALEAH, FLORIDA 33012

THE UNDERSIGNED HAS EXECUTED THESE ARTICLES OF INCORPORATION

  
\_\_\_\_\_  
SIGNATURE / TITLE  
**BLAS GARCIA/ SECRETARY**

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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 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: **ABS INSURANCE, INC.**
2. THE NAME AND ADDRESS OF THE REGISTERED AGENT IS **LOUIS F. CAST** AND THE REGISTERED OFFICE IS AT **8405 NW 53 STREET SUITE C-100 MIAMI, FLORIDA 33166**

SIGNATURE:  \_\_\_\_\_

TITLE: **SECRETARY** **BLAS GARCIA**

DATE: **05/01/2002**

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.

  
\_\_\_\_\_  
**LOUIS F. CAST**