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Florida Department of State  
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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

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

02 NOV 26 AM 8:38

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

**INSURANCE FORCE CORP.**

Certificate of Status	0
Certified Copy	1
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11/26/02

ARTICLES OF INCORPORATION  
OF

**INSURANCE FORCE CORP.**

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:

**INSURANCE FORCE CORP.**

The principal place of business of this corporation shall be:

**1693 NW 27th AVENUE MIAMI, FL 33125**

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 States, 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 value that this corporation is authorized to have outstanding at any one time is:

**100 SHARES @ 1.00 PAR VALUE**

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(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):

**PRESIDENT  
JOSE V. PERIS  
1693 NW 27th AVENUE  
MIAMI, FL 33125**

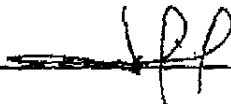
ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

JOSE V. PERIS  
1693 NW 27th AVENUE  
MIAMI, FL 33125

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed these Articles of Incorporation this, 26th day of NOVEMBER 2002

Signature(s) of Incorporator(s)

  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, 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:

INSURANCE FORCE CORP.

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

JOSE V. PERIS

1693 NW 27th AVENUE

(P.O. BOX NOT ACCEPTABLE)

MIAMI, FL 33125

(CITY/STATE/ZIP)

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TALLAHASSEE FLORIDA

SIGNATURE [Signature]

TITLE PRESIDENT

DATE NOVEMBER 26, 2002

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE [Signature]

DATE NOVEMBER 26, 2002