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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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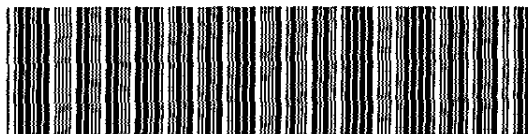
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02/14/03 FEB 18 2003

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: The Underwriting Center, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Liana Jimenez
Name (Printed or typed)

11617 SW 90th Terrace
Address

Miami, FL 33176
City, State & Zip

305-274-3974
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

The Underwriting Center, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

11617 SW 90th Terrace
Miami, FL 33176

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To transact any or all-lawful business in which a corporation may be engaged in the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

100 shares of common stock are authorized to be issued.

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

President - Liana Jimenez, 11617 SW 90th Terrace, Miami, FL 33176
Vice President - William Jimenez, 11617 SW 90th Terrace, Miami, FL 33176

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Liana Jimenez, 11617 SW 90th Terrace, Miami, FL 33176

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Liana Jimenez, 11617 SW 90th Terrace, Miami, FL 33176

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent



Date



Signature/Incorporator



Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA