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SEGRE ALL STATE TALLAHASSEE, FLORIDA

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

FLORIDA PROFIT CORPORATION OR P.A.

NET INSURANCE, INC.

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

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ARTICLES OF INCORPORATION

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Of

SECILLIA STATE TALLAHASSEE, FLORIDA

Net Insurance, Inc.

THE UNDERSIGNED, ACTING AS INCORPORATOR OF A CORPORATION UNDER THE FLORIDA GENERAL CORPORATION ACT, ADOPTS THE FOLLOWING ARTICLES OF INCORPORATION:

ARTICLE I

The name of the corporation is Net Insurance, Inc.

ARTICLE II

The period of its duration is perpetual

ARTICLE III

The date and time of the commencement of the corporate existence shall be the date of the filing of these Articles by the Department of State.

ARTICLE IV

The purpose(s) for which the corporation is organized is a Insurance Company.

ARTICLE V

The aggregate number of shares which the corporation shall have authority to issue is one shousand (1,000) shares of capital stock, \$1.00 par value

ARTICLE VI

The number of director(s) constituting the initial Board of Directors of the corporation are three (3) and the name and address of the persons who are to serve as director(s) until the first annual meeting of shareholders or until the successors are elected and qualified

PRESIDENT:

SUSAN P. PEREZ

SECRETARY/TREAS.:

SUSAN P. PEREZ

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ARTICLE VII

The Shares of Capital Stock of this Corporation shall be issued to the following person(s)

NAME

ADDRESS

SHARES

Susan P. Perez

8200 SW 134th Street

1.000

ARTICLE VIII

The name and address of the Incorporator and the address of the principal office is:

Susan P. Perez 8200 S.W. 134th Street Miami, Florida 33156

ARTICLE IX

The name and the address of the initial registered agent is:

Kieran P. Fallon 436 SW 8th Street Miami, Florida 33130

DATED: 3/07/03

Incorporator

Kieran P. Fallon

Initial Registered Agent

STATE OF FLORIDA)

COUNTY OF DADE

The foregoing instrument was acknowledged before me this 7th day of March 2003, by Susan Prerey, agrice Incorporator, who is personally known to me and who did take an oath.

NOTARYPUBLIC State of Plorida at Large My Commission Expires: KIERAN P. FALLON
MY COMMISSION # DO 1718221
EXPERS: December 15, 2006
14005400TAP R. HAMY Senton A document, Inc.

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CERTIFICATE OF DISIGNATION - 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 is:

Net Insurance, Inc

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

Kieran P. Fallon 436 SW 8th Street Miami, Florida 33130

DATED: 3/07/03

SIGNATURE:

TITLE:

PRESIDENT

DATE: 3/07/03

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:

TITLE:

registered agent

DATE:

/3/07/03

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