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**LAZARUS CORPORATE FILING SERVICE**

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**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

1. LUIS INSURANCE, INC.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
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NEW FILINGS	
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<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

LAW OFFICES  
**Parladé & Figueras**  
7050 SOUTHWEST 86<sup>th</sup> AVENUE  
MIAMI, FLORIDA 33143-2426

ALBERTO J. PARLADÉ, ESQUIRE  
JUAN E. FIGUERAS, ESQUIRE  
ERIC A. GONZÁLEZ, ESQUIRE

TELEPHONE 305. 595.2300  
FACSIMILE 305. 595.0408

June 18, 2003

Secretary of State  
Division of Corporation  
Caller Service #1500  
Tallahassee, Florida 32302-1500

**Re: Filing of Articles of Incorporation for:**  
**LUIS INSURANCE, INC.**  
**OUR FILE NO. #**

Dear Sir or Madam:

This office represents the above referenced Corporation.


Enclosed herein please find check covering the following fee:

- Filing Articles of Incorporation	\$ 70.00
- Certificate of Good Standing	\$ 8.75
<b>TOTAL:</b>	<b>\$ 78.75</b>

Upon filing the Articles of Incorporation, please return the Certificate of Good Standing along with a copy of the Articles stamped "FILED" to the undersigned at your earliest possible convenience.

Should you have any questions and/or need any additional information do not hesitate to contact our office. Otherwise thank you for your attention in this matter.

Sincerely,

  
Rene Parlade,  
Legal Assistant  
/rp  
Enclosures

ARTICLES OF INCORPORATION  
OF  
LUIS INSURANCE, 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:

LUIS INSURANCE, INC.

ARTICLE II. PRINCIPAL OFFICE

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

4520 Santa Maria Street  
Coral Gables, Florida 33146

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  
7050 SW 86 Ave.  
Miami, Florida 33143

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ARTICLE V INITIAL BOARD OF DIRECTORS

This corporation shall have two (2) Directors initially. The number of Directors may be increased or diminished from time to time by the By-laws but shall never be less than two (2). The name and address of the initial Directors of this corporation are:

Pablo J. Luis  
4520 Santa Maria Street  
Coral Gables, Florida 33146

Margie M. Luis  
4520 Santa Maria Street  
Coral Gables, Florida 33146

ARTICLE VI INITIAL OFFICERS

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

Margie M. Luis - President and Secretary  
4520 Santa Maria Street  
Coral Gables, Florida 33146

Pablo J. Luis - Vice-President and Treasurer  
4520 Santa Maria Street  
Coral Gables, Florida 33146

ARTICLE VII INCORPORATOR

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

Pablo J. Luis  
4520 Santa Maria Street  
Coral Gables, Florida 33146

Signature \_\_\_\_\_

  
Pablo J. Luis Incorporator

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:

LUIS INSURANCE, INC.

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

Juan E. Figueras  
7050 SW 86 Ave.  
Miami, Florida 33143

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Signature: Margie Martin Luis  
Margie M. Luis, President

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  
Juan E, Figueras, Registered Agent