

PO3000086046

(Requestor's Name)

— L. GONZALEZ & Associates  
11936 SW 8th Street  
— Miami FL 33184

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

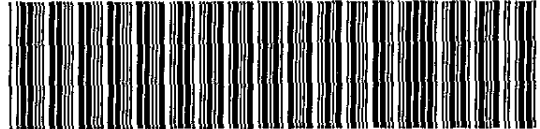
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION  
OF  
ALLSTATE MANAGEMENT SERVICES, INC

ARTICLE I

The name of the Corporation is ALLSTATE MANAGEMENT SERVICES, INC.

ARTICLE II

The principal place of business and mailing address of this corporation shall be  
11936 SW 8 STREET, MIAMI, FLORIDA 33184

ARTICLE III

The aggregate number of shares, which the Corporation has authority to issue, is  
100 shares of common stock with no par value.

ARTICLE IV

The address of the initial registered office of the Corporation is 101 Madeira Ave.  
Coral Gables, Florida 33134 and the name of the Corporation's initial registered agent for  
the service of process at such address is Albert G. Xiques, Esquire

ARTICLE V

The name and address of the incorporator to the Articles of Incorporation are:

Mr. Andres Alvarez, President/Secretary/Treasury  
11936 SW 8 Street.  
Miami, Fl. 33184

IN WITNESS WHEREOF, I have hereunto set my hand this 22nd day of July.  
2003.

  
Andres Alvarez

11936 SW 8 Street. Miami, Fl. 33184

CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE.

Pursuant to the provisions of sections 607.0501 or 617.0501, 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: Allstate Management Services, Inc.
- 2) The name of the registered agent and office is:

Albert ~~T~~ Xiques, Esq.  
101 Madeira Ave. Coral Gables, FL 33134

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 THE ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

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

DATE: \_\_\_\_\_

8/1/03

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