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# Florida Department of State

Division of Corporations Public Access System

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## FLORIDA PROFIT CORPORATION OR P.A.

doral insurance agency, inc.

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#### ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

#### ARTICLE I - NAME

The name of the corporation shall be:

DORAL INSURANCE AGENCY, INC.

#### ARTICLE II - PRINCIPAL OFFICE

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

11402 NW 41 STREET SUTTE 208 Miami, Fl 33178

# SECRETARY OF STATE TALLAH ASSEE, FLORIDA

#### ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

#### 1000 SHARES

#### ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MICHELLE TORRES 11402 NW 41 STREET SUITE 202 MIAMI, FL 33178

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#### ARTICLE V-INCORPORATOR

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

VICTOR TORRES 11402 NW 41 STREET SUITE 204 MIAMI, FL 33178

The undersigned incorporator has executed these Articles of Incorporation this <u>J9</u> day of <u>OCTOBEC</u> 20 03

Signature

#### ARTICLE VI - DIRECTORS

The names(s) and street address(es) of the director(s) of these Articles of Incorporation is (are):

PRESIDENT VICTOR TORRES 11402 NW 41 STREET SUITE 204 MIAML FL 33178

VICE-PRESIDENT ALEX CASANOVA 11402 NW 41 STREET SUITE 208 MIAMI, FL 33178

SECRETARY ELIO GONZALEZ 11402 NW 41 STREET SUITE 208 MIAMI, FL 33178

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#### ARTICLE VII PURPOSE

The purpose of this corporation is to provide insurance services.

#### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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