Division of Corporation

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Florida Department of State

Division of Corporations Public Access System

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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.

miami-med insurance corp.

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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/ or Chapter

621, F.S. (Profit)

ARTICLE 1 - NAME

The name of the corporation is: MIAMI-MED INSURANCE CORP.

ARTICLE II- PRINCIPAL OFFICE

The principal place of business/mailing address is:

12682 NW 11TH LANE MIAMI, FL 33182

ARTICLE III - PURPOSE

The purpose for which the corporation is organized is:
The corporation is organized for the purpose of engaging in any activities or business permitted under laws of

the

United States of America, and the State of Florida.

ARTICLE IV - SHARES

The corporation is authorized to issue Five Hundred

(500)

shares of One Dollar par value (1.00) Common Stock, which shall be designed "Common Shares".

ARTICLE V - INITIAL OFFICERS/DIRECTORS

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

HORTENSIA ALVAREZ F/T/S

12682 NW 11TH LANE

MIAMI,FL 33182

ARTICLE VI - REGISTERED AGENT
The name and Florida street address of the registered

agent is:

HORTENSIA ALVARES 12682 NW 11TH LANE MIAMI, FL 33182 AHI -9 PH 3: 47

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ARTICLE VII - INCORPORATOR The name and address of the Incorporator is: HORTENSIA ALVAREZ 12682 NW 11TH LANE MIAMI,FL 33182

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.

01-09-04 Date Signature/Incorporator 01-09-04,

Signature Registered Agent