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To: Division of Corporations
Fax Number : (850) 205-0381

From: Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
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FLORIDA PROFIT CORPORATION OR P.A.

AAA FLORIDA INSURANCE INC.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLE OF INCORPORATION
OF**

AAA FLORIDA INSURANCE INC.

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

ARTICLE I NAME

The name of the incorporation shall be: AAA FLORIDA INSURANCE INC.

The principal place of business of this corporation shall be:
8270 PEMBROKE PINES BLVD, PEMBROKE PINES, FL. 33026

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other State, country, territory or nation.

ARTICLE III CAPITOL STOCK

The aggregated number of shares of stock and its value that this corporation is authorized to have out standing at any one time is Five Hundred (500) shares of One Dollar (\$1.00) per value common stock, which shall be designated "Common Shares".

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name (s) and street address (es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successors (s) is (are) elected, is (are):

PRESLEY VILLAVICENCIO-President
8270 PEMBROKE PINES BLVD.
PEMBROKE PINES, FL. 33026

EDUARDO BONILLA- Vicepresident
8270 PEMBROKE PINES BLVD.
PEMBROKE PINES, FL. 33026

FLORIDA IMMIGRATION
7300 WEST FLAGLER ST
MIAMI FL 33144
TEL. 305-260-0214


ARTICLES V1 INCORPORATOR(S)

The name(s) and street address (es) of the incorporator(s) to this articles of incorporation is (are):

PRESLEY VILLAVICENCIO-President
8270 PEMBROKE PINES BLVD.
PEMBROKE PINES, FL 33026

IN WITNESS WHEREOF, the undersigned Incorporator (s) has(have) executed these Articles of incorporation this 21 day of June, 20 04.

Signature(s) of Incorporator(s)



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provision of Section 607.325, Florida Statutes, the undersign 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:

AAA FLORIDA INSURANCE INC.

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

PRESLEY VILLAVICENCKO-President

6270 PEMBROKE PINES BLVD

(P.O. BOX ACCEPTABLE)

PEMBROKE PINES, FL. 33026

(CITY/STATE/ZIP)

SIGNATURE [Signature]

TITLE PRESIDENT

DATE 06-21-04

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATE CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISION OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES

SIGNATURE [Signature]

DATE 06-21-04