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

From: Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

04 JUL 23 PM 3:52

RECEIVED
DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE

FLORIDA PROFIT CORPORATION OR P.A.

NORTH AMERICAN INSURANCE CORP.

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: NORTH AMERICAN INSURANCE CORP.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: 18565 SW 104 AVENUE
MIAMI, FL 33157

Mailing address: P.O. Box 65-1008
Miami, FL 33265-1008

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: INSURANCE AGENCY

ARTICLE IV SHARES

The number of shares of stock is: FIVE HUNDRED SHARES OF STOCKS(500) of one dollars par value each.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): GEORGE L. CABEZAS
PRESIDENT, Secretary and Treasurer
1444 E Mowry Dr. Unit#207
Homestead, FL 33033

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

GEORGE L. CABEZAS
18565 SW 104 AVENUE
MIAMI, FL 33157

ARTICLE VII INCORPORATOR

The name and address of the incorporator is: GEORGE L. CABEZAS
1444 E Mowry Dr. Unit#207
Homestead, FL 33033

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



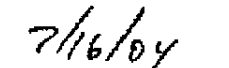
Signature/Registered Agent



Date



Signature/Incorporator



Date

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SECTION 607
DIVISION 1
F.S.