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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 : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

FLORIDA PROFIT CORPORATION OR P.A.

suarez insurance agency, inc.

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$70.00 |

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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:

Suarez Insurance Agency, Inc.

ARTICLE II - PRINCIPLE OFFICE:

The principle office of business and mailing address of this corporation shall be:

6449 West 12 AVE, Hialeah, Fla. 33012

ARTICLE III - PURPOSE

The purpose for which the corporation is organized is:

Insurance Agency.

ARTICLE IV - SHARES

500 / \$1.00 par.

ARTICLE V - INITIAL DIRECTORS / OFFICERS

The names and addresses:

JOSE LUIS SUAREZ
6449 West 12 AVE
HIALEAH, FL. 33012**ARTICLE VI - INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and Florida Street address of the registered agent is:

JOSE LUIS SUAREZ
6449 W. 12 AVE
HIALEAH, FLA. 33012**ARTICLE VII - INCORPORATOR**

The name and address of the Incorporator is:

JOSE LUIS SUAREZ
6449 W. 12 AVE
HIALEAH, FLA. 33012

Having been named as registered to accept service of process for the above state 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

9/16/04

Signature Incorporator

Date

9/16/04.

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