

**PO4000142947**

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

From:  
Account Name : BERRIZ & GIRALDO P.A.  
Account Number : I1999000017  
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DEPT OF STATE  
TALLAHASSEE, FLORIDA

04 OCT 19 AM 9:00

FILED

**FLORIDA PROFIT CORPORATION OR P.A.**

**BEST RATES INSURANCE, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

*H04 000 206 9423.*

ARTICLES OF INCORPORATION

OF

BEST RATES INSURANCE, INC.

THE UNDERSIGNED, has executed the following document as incorporator of the above name corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporate, and those of the corporation, are to be determined in accordance with the law of the State of Florida.

ARTICLE I

The name of this corporation shall be:

**BEST RATES INSURANCE, INC.**

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and purposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

- (1) Transact any and all lawful business.
- (2) Said corporation shall further have powers:  
To have perpetual succession by its corporate

name:

**BEST RATES INSURANCE, INC.**

*Yohima del Corral.  
4080 SW 84 Ave  
Miami, FL. 33155  
(305) 485 9300.*

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLE IV**

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 50 shares, having an individual par value of \$10.00

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

**ARTICLE V**

The street address of the initial registered office and the name of the initial Resident Agent of this corporation shall be:

**MAGDA GRIJALVA  
11865 SW 26 ST SUITE E-10  
MIAMI, FL. 33176**

The principal office shall be:

**11865 SW 26 ST SUITE E-10  
MIAMI, FL. 33176**

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ARTICLE VI

The initial Board of Directors shall consist of a total of TWO(02)persons, and the name and address of the person who is to serve as an initial director is:

**VICTOR GRIJALVA**  
11865 SW 26 ST SUITE E-10  
MIAMI, FL. 33175

**PRESIDENT**

**MAGDA GRIJALVA**  
11865 SW 26 ST SUITE E-10  
MIAMI, FL. 33175

**VICEPRESIDENT**

The name and address of the incorporator executing these Articles of Incorporation is

**MAGDA GRIJALVA**  
11865 SW 26 ST SUITE E-10  
MIAMI, FL. 33175

IN WITNESS WHEREOF, the undersigned incorporator has (ve) executed these Articles of Incorporation this 15 OCTOBER, 2004

  
\_\_\_\_\_  
MAGDA GRIJALVA

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

Pursuant to the provision of sections 607.0501 or 617.0501, Florida Statutes, the undersigned 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 is:

**BEST RATES INSURANCE, INC.**

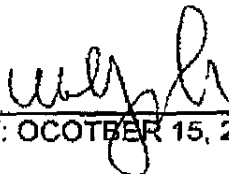
2. The Name and Address of the registered agent and office is

**MAGDA GRIJALVA  
11865 SW 26 ST SUITE E-10  
MIAMI, FL. 33175**

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE 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 RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES. AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

  
Dated: OCTOBER 15, 2004

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