

P04000162357

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

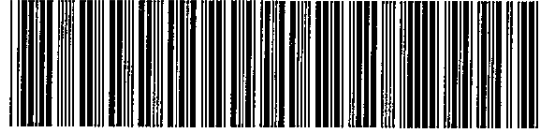
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/24/04--01008--025 **78.75

RECEIVED
04 NOV 24 PM 12:25
STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
04 DEC -1 PM 3:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten signature/initials

Handwritten signature

OFFICE USE ONLY(DOCUMENT #)

LAZARUS CORPORATE FILING SERVICE

3320 S.W. 87 AVENUE

MIAMI, FLORIDA (305)552-5973

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. BANCASSURANCE PRODUCT SOLUTIONS
(Corporation Name) (Document #)
2. OF THE AMERICAS INC
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time 2:00

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

December 2, 2004

LAZARUS

SUBJECT: BPSA
Ref. Number: W04000043323

We have received your document for BPSA. However, the document has not been filed and is being returned for the following:

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6934.

Loria Poole
Document Specialist
New Filings Section

Letter Number: 304A00067618

ARTICLES OF INCORPORATION

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

ARTICLE I - NAME

The name of the corporation shall be: *BPSA Inc.*

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SECRETARY OF STATE
TALLAHASSEE, FL 32399

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

*8405 N.W. 53 ST suite A100
Miami, FL 33166*

ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

ONE HUNDRED

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

*Angel Moreno
8405 N.W. 53 ST suite A100
Miami, FL 33166*

ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

Angel MORENO
8405 NW 53ST Suite A100
Miami, FL 33166

The undersigned incorporator has executed these Articles of Incorporation this ____ day of ____ 20____


Signature

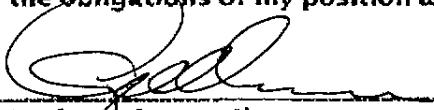
ARTICLE VI- DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is (are):

- | | |
|--|---|
| <p>① Angel MORENO - President
8 Managing Partner
8405 NW 53ST Ste A100
Miami, FL 33166</p> | <p>② Stephen Clinton
managing Partner
8405 NW 53ST Ste A100
Miami, FL 33166</p> |
|--|---|

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process, for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.


Registered Agent Signature

04 DEC 1 3 17
 SECRETARY
 TALLAHASSEE
 FILED