

P05000060999

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

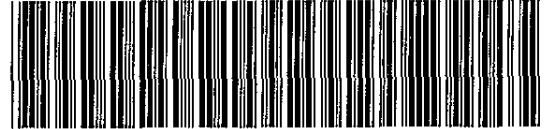
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100050610141

04/25/05--01004--010 **78.75

RECEIVED
05 APR 25 10 31 11
FILED
05 APR 25 PM 2:18
TOLSON
DEPT. OF JUSTICE
WASHINGTON, D.C. 20530

C.S.4-26

EXPRESS CORPORATE FILING SERVICE INC.
 Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101
 Address

CORAL GABLES, FL 33134 (305) 444-4994
 City/State/Zip Phone #

OFFICE USE ONLY

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

1. JUAN M. SANCHEZ INSURANCE & FINANCIAL AGENCY,
 (Corporation Name) (Document #)
2. _____
 (Corporation Name) (Document #)
3. _____
 (Corporation Name) (Document #)
4. _____
 (Corporation Name) (Document #)

- Walk in
 Pick up time
 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 FILNGS	
<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

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:

JUAN M. SANCHEZ INSURANCE & FINANCIAL AGENCY, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5202 SW 128 PLACE
MIAMI, FL 33175

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO TRANSACT ANY AND ALL LAWFULL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

200 SHARES (TWO HUNDRED SHARES) EACH \$ 1.00 PAR VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

JUAN M. SANCHEZ PD
5202 SW 128 PLACE
MIAMI, FL 33175

ARTICLE VI REGISTERED AGENT

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

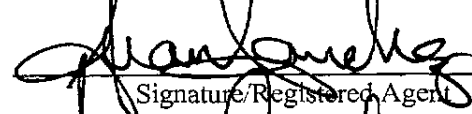
JUAN M. SANCHEZ
5202 SW 128 PLACE
MIAMI, FL 33175

ARTICLE VII INCORPORATOR

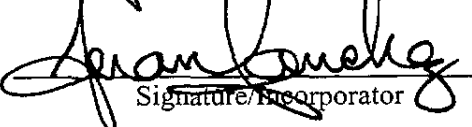
The name and address of the Incorporator is:

JUAN M. SANCHEZ
5202 SW 128 PLACE
MIAMI, FL 33175

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

04/22/05
Date


Signature/Incorporator

04/28/05
Date

FILED
05 APR 25 PM 2:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA