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A1A#CORPORATE#SERVICES

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To:

Division of Corporations
Fax Number : (850)205-0381

From:

Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : I20010000247
Phone : (800)494-3124
Fax Number : (305)675-2811

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA PROFIT CORPORATION OR P.A.

EMPLOYER'S INSURANCE SOLUTIONS, INC.

Certificate of Status	0
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Page Count	02
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5/23/05
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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:

EMPLOYER'S INSURANCE SOLUTIONS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

8385 NW 157 TERRACE
MIAMI LAKES, FL 33016SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

1500 COMMON SHARES PAR VALUE \$0.01

ARTICLE V INITIAL OFFICERS / DIRECTORS

The name(s), address(es), and title(s) of the directors and officers:

Director & President: RUBEN ALVAREZ
8385 NW 157 TERRACE
MIAMI LAKES, FLORIDA 33016

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Director & Vice-President:

RITA ALVAREZ
8385 NW 157 TERRACE
MIAMI LAKES, FLORIDA 33016

ARTICLE VI REGISTERED AGENT

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

RUBEN ALVAREZ
8385 NW 157 TERRACE
MIAMI LAKES, FLORIDA 33016

ARTICLE VII INCORPORATOR

The name and Florida street address of the incorporator is:

RUBEN ALVAREZ
8385 NW 157 TERRACE
MIAMI LAKES, FLORIDA 33016

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TALLAHASSEE, FLORIDA

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Having been named as registered agent to accept service of process for the above 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
RUBEN ALVAREZ

5-18-05

Date



Signature / Incorporator
RUBEN ALVAREZ

5-18-05

Date

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