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To:

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

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

FLORIDA PROFIT CORPORATION OR P.A.

A M G Insurance, Inc.

Certificate of Status	0
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2005 JUL 19 A 10:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION
OF
A M G INSURANCE, INC.**

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: A M G INSURANCE, INC.

ARTICLE II - PRINCIPAL PLACE OF BUSINESS

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

2280 SW 32 Avenue, Ste. 508
Miami, FL 33145.

ARTICLE III - CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is 500 shares of common stock of a par value of one dollars (\$ 1.00).

ARTICLE IV - NATURE OF BUSINESS

The general nature of the business to be transacted by this Corporation is insurance broker and any lawful business or trade permitted under de laws of United State and of the State of Florida.

ARTICLE V - TERMS OF EXISTENCE

The Corporation shall have perpetual existence.

ARTICLE VI - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Adriana Marcela Guerra
2280 SW 32 Avenue, Ste. 508
Miami, FL 33145

ARTICLE VII - INCORPORATOR(S)

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

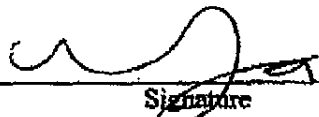
Adriana Marcela Guerra (PST)
2280 SW 32 Avenue, Ste. 508
Miami, FL 33145

ARTICLE VIII - DIRECTOR(S)

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

Adriana Marcela Guerra(PST)
2280 SW 32 Avenue, Ste. 508
Miami, FL 33172

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this nineteenth day of July, 2005.



Signature

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Pursuant to the provisions 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.

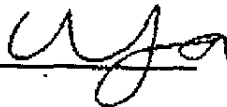
The name of the corporation is: A M G INSURANCE, INC.

The name and address of the registered agent and office is:

Adriana Marcela Guerra
2280 SW 32 Avenue, Ste. 508
Miami, FL 33145

(P.O.BOX NOT ACCEPTABLE) 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



DATE: July 19, 2005