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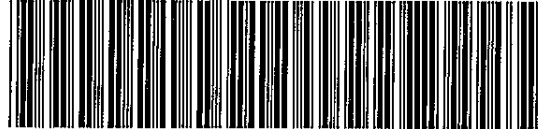
(Business Entity Name)

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TALLAHASSEE, FLORIDA

05 NOV -3 AM 10:57

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TALLAHASSEE, FLORIDA

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CORPORATE FILING SERVICE**

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

1. ALL RISK INSURANCE CONSULTING, INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in

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☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS

- ☒ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

Examiner's Initials

ARTICLES OF INCORPORATION

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
05 NOV -3 PM 12:18

The undersigned incorporate(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:

ALL RISK INSURANCE CONSULTING, INC.

ARTICLE II

PRINCIPAL OFFICE

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

**333 NE 8 ST
HOMESTEAD, FL 33030**

ARTICLE III

SHARES

The number of shares, which the corporation is authorized to issue and have outstanding at any time, is 100 shares of common stock, and which common stock shall have a par of \$1.00 (one dollar) per share. All stock is to be issued fully paid and exempt from assessment.

ARTICLE IV

INITIAL REGISTERED AGENT AND STREET ADDRESS

In pursuance of Chapter 607.34 Florida Statutes, the following is submitted, in compliance with said:

First That **ALL RISK INSURANCE CONSULTING, INC.** Desiring to organize under the laws of the State Florida with its principal office as indicated in the articles of incorporation at City of MIAMI County of MIAMI-DADE State of Florida had name **GABRIELA SANCHEZ** of **333 NE 8 ST HOMESTEAD, FL 33030** of its agent to accept service of process within this state. Having been named to accept service of process for the above state corporation, at place designated in this certificate. I hereby accept to act in this capacity, and agree to comply with the provisions of said Act relative to keeping open said office.

By: _____

GABRIELA SANCHEZ
Registered Agent

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TALLAHASSEE, FLORIDA

05 NOV -3 PM 12: 18

ARTICLE V

INCORPORATOR (S)

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

| | | |
|------------------|------------|------------------------------------|
| GABRIELA SANCHEZ | 50% SHARES | 333 NE 8 ST HOMESTEAD, FL 33030 |
|------------------|------------|------------------------------------|

| | | |
|---------------------|------------|------------------------------------|
| FRANKLIN R. MORALES | 50% SHARES | 333 NE 8 ST HOMESTEAD, FL 33030 |
|---------------------|------------|------------------------------------|

ARTICLE VI

DIRECTOR (S)

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

| | | |
|------------------|-----|------------------------------------|
| GABRIELA SANCHEZ | P/D | 333 NE 8 ST HOMESTEAD, FL 33030 |
|------------------|-----|------------------------------------|

| | | |
|---------------------|----|------------------------------------|
| FRANKLIN R. MORALES | VP | 333 NE 8 ST HOMESTEAD, FL 33030 |
|---------------------|----|------------------------------------|

The undersigned incorporate(s) has (have) executed these Articles of Incorporation this 01
Day of November 1, 2005.


SIGNATURE