P0600015397/

| /D, | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (ive | squestors (varie) | |
| (Δε | idress) | |
| (AC | iarcaaj | |
| (Ac | idress) | <u> </u> |
| · | - | |
| (Ci | ty/State/Zip/Phone | #) |
| PICK-UP | WAIT | MAIL |
| | | |
| (Bu | isiness Entity Nam | e) |
| | | |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| <u></u> | | ····· |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



800082154388

12/04/06--01034--011 **87.50

2006 DEC 15 PH 1: 05
SECRETARY OF STATE
AND ANASSEE, FLORID

TITE PH I

COVER LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

| SUBJECT: | U.S. Insund (PROPOSED CORPORA | ance Associ | ales, Inc |
|----------------------|--|---|-------------------------|
| | (6.000 00.00 | | |
| Enclosed are an orig | ginal and one (1) copy of the arti | cles of incorporation and | d a check for: |
| S70.00 Filing Fee | \$78.75 Filing Fee & Certificate of Status | S78.75 Filing Fee & Certified Copy ADDITIONAL CO | & Certificate of Status |
| FROM: | Silvia C Name 251E 40t | | |
| | Hialeah | Address , FL 3301 State & Zip | |
| | 786-31 | 4-6309 Felephone number | |

NOTE: Please provide the original and one copy of the articles.



December 4, 2006

SILVIA GUTIERREZ 251 E. 40H STREET HIALEAH, FL 33013

SUBJECT: U.S. INSURANCE ASSOCIATES, INC.

Ref. Number: W06000052369

We have received your document for U.S. INSURANCE ASSOCIATES, INC.. However, the document has not been filed and is being returned for the following:

The document must state the number of shares of authorized stock. — lowered

An effective date <u>may</u> be added to the Articles of Incorporation <u>if a 2007 date is needed</u>, otherwise the date of receipt will be the file date. <u>A separate article must be added to the Articles of Incorporation for the effective date.</u>

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 Filing Section

Letter Number: 206A00069450

| In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) |
|--|
| ARTICLE I NAME The name of the corporation shall be: U.S. Insurance Associates, Inc |
| ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 251 E 40th Street. HiAlenh, FL 33013 |
| The purpose for which the corporation is organized is: Sell Property and boundly Insurance Policies Expenses & Sell Property and boundly Insurance Policies |
| ARTICLE IV SHARES The number of shares of stock is: 100 ARTICLE IV SHARES ARETARY OF PROPERTY OF PR |
| ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): Silvia Gufiervez - Resident and Agent |
| ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Silvia Gufierrez 251 E 40th Street Hidlerh, FL 33013 |
| ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Silviw Gutierrez 251E 40th Street Hindersh PL 33013. |
| ************************************** |
| Signature/Registered Agent Date |
| Signature/Incorporator Date |

٤ , 🥆