

PO7000005881

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Florida Department of State
Division of Corporations
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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/NON PROFIT CORPORATION

BLUE COMPASS INSURANCE INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 JAN 12 PM 12:13

APPROVED
AND
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ARTICLES OF INCORPORATION

The undersigned, for the purpose of forming a corporation under the Florida General Corporation Act, do hereby adopt the following articles of incorporation:

ARTICLE ONE

The name of the corporation is Blue Compass Insurance Inc

ARTICLE TWO

The duration of the corporation is perpetual.

ARTICLE THREE

The general purpose for which the corporation is organized is:

1. To engage in the business of insurance sales.
2. To transact any other lawful business for which corporations may be incorporated under the Florida General Corporation Act.
3. To do such other things as are incidental to the forgoing or necessary or desirable in order to accomplish the foregoing.

ARTICLE FOUR

The aggregate number of shares which the corporation is authorized to issue is 100. Such shares shall be of a single class, and shall have a \$1.00 par value.

ARTICLE FIVE

The corporation is authorized to issue only one class of stock, and all issued stock shall be held of record by not more than ten persons. Stock shall be issued and transferable only to natural persons.

ARTICLE SIX

No stockholder shall have the right to sell, assign, pledge, transfer, devise, or otherwise dispose of any of the shares of the corporation without first offering such shares for sale to the corporation at the net asset value thereof.

ARTICLE SEVEN

The street address of the initial business office of the corporation is 2730 W. Trade Ave #3; Miami, Florida 33133 and the name of the initial registered agent is Luis Carlos Melendez.

ARTICLE EIGHT

The number of directors constituting the initial board of directors of the corporation is one. The name and address of each person who is to serve as member of the board of directors is:

NAME	ADDRESS
Luis Carlos Melendez D/P	2730 W. Trade Ave, Ste #3; Miami, Fl 33133

ARTICLE NINE

A unanimous vote of directors for effective director action is required at all directors meetings.

ARTICLE TEN

The name and address of each incorporator is:

NAME	ADDRESS
Luis Carlos Melendez	2730 W. Trade Ave, Ste #3; Miami, Fl 33133

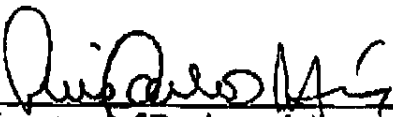
EXECUTED BY THE UNDERSIGNED AT MIAMI, FLORIDA ON January 12, 2007
CERTIFICATE DESIGNATING (OR CHANGING) PLACE OF BUSINESS OR
DOMICILE OR THE SERVICE OF PROCESS WITHIN THE STATE, NAMING
AGENT UPON WHOM
PROCESS MAY BE SERVED.

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

First that Blue Compass Insurance Inc desiring to organized under the laws of Florid
with its principal office, as indicated in the articles of incorporation at City of Miami,
County of Miami-Dade, State of Florida has named Luis Carlos Melendez at 2730 W.
Trade Ave Unit #3; Miami, Fl 33133 as its agent to accept service of process within the
State of Florida.

ACKNOWLEDGEMENT: (MUST BE SIGNED BY DESIGNATED AGENT)

Having been named to accept service of process for the above stated corporation, at
place designated in this certificate. I hereby accept to act in this capacity, and agree to
comply with the provision of said Act relative to keeping open said office.

By 
Signature of Registered Agent and Incorporator
LUIS CARLOS MELENDEZ, INCORPORATOR

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
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