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COVER LETTER

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

SUBJECT:	Orlando Vidal I PROPOSED CORPORAT	nsurance Agrename-musting	ency. Inc		·
Enclosed are an orig	ginal and one (1) copy of the artic \$78.75 Filing Fee & Certificate of Status	eles of incorporation and \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status		
FROM:	16891 N.W.	Printed or typed) Reg PL Address 330/8 State & Zip	TALLAHASSEE, FLORID	2007 AUG 27 AM 11: 39	
	305-819-1 Daytime Te	1735 Elephone number			

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

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	
ARTICLE I NAME The name of the corporation shall be: Orlando Vidal Insurance Agency, Inc.	
ARTICLE II PRINCIPAL OFFICE	
The principal place of business/mailing address is: 16891 N.W. 89 PL Miami, Fl. 33018	
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is: To become an exclusive agent of Allstate Insuran Products. ARTICLE IV SHARES	10
ARTICLE'IV SHARES The number of shares of stock is: 75 Shares at \$.001 per share	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): Orlando Vidal, President	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: AHSSET ARY OF SECRETARY OF SE	
The <u>name and address</u> of the Incorporator is: Cando Victor 1689 M.W. 89 Pt. Miami, FL 33018	

Having been named as registered agent to accept service of process for the above stated 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 9-21-2007 Date	
Orlando Viola 8-21-2007	
Signature/Incorporator Date Onando Vida/	

ARTICLES OF INCORPORATION