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To: Division of Corporations
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From: Account Name : CSH SERVICES, LLC
Account Number : I20070000160
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION

INSURANCE AMBASSADORS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

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DIVISION OF CORPORATION

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

INSURANCE AMBASSADORS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

771 SOUTH KIRKMAN ROAD SUITE 110
ORLANDO, FLORIDA 32811

ARTICLE III PURPOSE

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

1,500 COMMON SHARES PAR VALUE \$0.01

ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)

The name(s), address(es), and title(s) of the directors and officers is:

DIRECTOR

ADA VENICE BALLESTER
771 SOUTH KIRKMAN ROAD
SUITE 110
ORLANDO, FLORIDA 32811

DIRECTOR

LUIS R. MARTINEZ
771 SOUTH KIRKMAN ROAD
SUITE 110
ORLANDO, FLORIDA 32811

DIRECTOR

LORRAINE LIZARDO
771 SOUTH KIRKMAN ROAD
SUITE 110
ORLANDO, FLORIDA 32811

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ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

ADA VENICE BALLESTER
771 SOUTH KIRKMAN ROAD SUITE 110
ORLANDO, FLORIDA 32811

ARTICLE VII INCORPORATOR

The name and Florida street address of the Incorporator is:

ADA VENICE BALLESTER
771 SOUTH KIRKMAN ROAD SUITE 110
ORLANDO, FLORIDA 32811

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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.


ADA VENICE BALLESTER, Registered Agent

3-14-08
Date


ADA VENICE BALLESTER, Incorporator

3-14-08
Date

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