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PORATION NAME(S) & DOCUM	MENT NUMBER(S), (if known):
Professional B	ROKER INSURANCE IN
(Corporation Name)	(Document #)
(Corporation Name)	(Document #)
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(Corporation Name)	(Document #)
(Corporation Name)	(Document #)
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Annual Report	Foreign
Fictitious Name	Limited Partnership Reinstatement
	Trademark
	Other
	Examiner's Initial
031(7/07)	

ARTICLES OF INCORPORATION

OSE OF

THE UNDERSIGNED INCORPORATOR(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:

PROFESSIONAL BROKER INSURANCE INC

ARTICLE II - PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS AND MAILING OF THIS CORPORATION SHALL BE:

175 Fontaine Blue BlyD suite ax3 Miami FL 33172

ARTICLE III - SHARES

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:

100

<u>ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS</u>

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS

OIBA TORRALDAS 175 Forlaine Blue BlVD SUITE # 2K3 Miami FL 33172

ARTICLE V - INCORPORATOR

THE NAME AND STREET ADDRESS OF THE INCORPORATOR TO THESE ARTICLES OF INCORPORATION IS:

Gilda Torralbas	
175 Fontaire Blue BIVD, # 2K3	
THE UNDERSIGNED INCORPORATOR HAS EXECUTED THESE ARTICLES	
OF INCORPORATION THIS DAY OF DOOR 2008	
Jelos ,	
SIGNATURE SIGNATURE	
ARTICLE VI - DIRECTOR(S) ARTICLE VI - DIRECTOR(S)	
THE NAME(S) AND STREET ADDRESS (ES) OF THE DIRECTOR(S) TO THESE ARTICLES OF INCORPORATION IS (ARE):	
(:11 toppellas (topsdet)	`
GANTO FELIZ MATOS VICE PRESIDENT	/

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED

OFFICE

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATED TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

REGISTERED AGENT SIGNATURE