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FLORIDA PROFIT/NON PROFIT CORPORATION

HEMA ALL INSURANCE BROCKER, INC.

Certificate of Status 0 Certified Copy 1 Page Count 05 Estimated Charge \$78.75

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BERRIZ&GIRALDO

PAGE 01 Florida Dept of State



October 28, 2008

FLORIDA DEPARTMENT OF STATE
Division of Corporations

BERRIZ & GIRALDO F.A.

SUBJECT: HEMA ALL INSURANCE BROCKER, INC.

REF: W08000049330

We received your electronically transmitted document. Rowever, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

It appears the filing submitted has a typographical error in the entity name. Please verify this name and all other information contained in the filing and resubmit it for processing.

An effective date may be added to the Articles of Incorporation if a 2009 date is needed, otherwise the date of receipt will be the file date. A separate article must be added to the Articles of Incorporation for the effective date.

If you have any further questions concerning your document, please call (850) 245-6973.

Claretha Golden Regulatory Specialist II New Filing Section FAX Aud. #: H08000243820 Letter Number: 208A00055326

P.O BOX 6327 - Tallahassee, Florida 32314

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ARTICLES OF CORPORATION

OF

HEMA ALL INSURANCE BROKERS, INC.

SECRETARY OF STATE SHAPESSEE: FLORIDA

THE UNDERSIGNED, has executed the following document as incorporator of the above name corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporate, and those of the corporation, are to be determined in accordance with the law of the State of Florida.

ARTICLE I

The name of this corporation shall be:

HEMA ALL INSURANCE BROKERS, INC.

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and purposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

- (1) Transact any and all lawful business.
- (2) Said corporation shall further have powers:

 To have perpetual succession by its corporate

name:

HEMA ALL INSURANCE BROKERS, INC.

CLARA GIRALDO P.A. 4080 SW 84 AVENUE SUITE C MIAMI, FL 33155 PH.: (305) 485-9300 HOP 000 243 8203.

408 000 243 820 3

ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 50 shares, having an individual par value of \$10.00

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

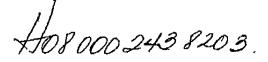
ARTICLE V

The street address of the initial registered office and the name of the initial Registered Agent of this corporation shall be:

HARAY FORTUN 12949 SW 134 TERR MIAMI, FL. 33186

The principal office shall be:

12949 SW 134 TERR MIAMI, FL, 33186



ARTICLE VI

The initial Board of Directors shall consist of a total of **TWO(02)** person, and the name and address of the person who is to serve as an initial director is:

HARAY FORTUN 12949 SW 134 TERR MIAMI, FL. 33186 PRESIDENT

MAILYN SOTO 12949 SW 134 TERR MIAMI, FL. 33186 VICEPRESIDENT

The name and address of the incorporator executing these Articles of Incorporation is

HARAY FORTUN 12949 SW 134 TERR MIAMI, FL., 33186

IN WITNESS WHEREOF, the undersigned incorporator has (ve) executed these Articles of Incorporation this OCTOBER 13 2008

HARAY FORTUN

ARTICLE VII

THIS CORPORATION WILL START OPERATING ON JANUARY 18T, 2009

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CERTIFICATE OF DESIGNATION REGISTERED AGENT / REGISTERED OFFICE

Pursuant to the provision of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, Submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The Name of the corporation is:

HEMA ALL INSURANCE BROKERS, INC.

2. The Name and Address of the registered agent and office is wireless

HARAY FORTUN 12949 SW 134 TERR MIAMI, FL. 33186

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE 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 RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES. AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

Dated: OCTOBER 13, 2008

SECRETARY OF STATE OR DO 243 820 SEE, FLORID.