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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Cashisas Charly Hamis)				
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(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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Office Use Only

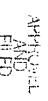


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SECRETARY OF STATE TALLAHASSEE, FLORID

0 OCT -1 AM 7:





COVER LETTER

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

SUBJECT: America	en Prime Insurance, Inc. (PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	cicles of incorporation and	l a check for:
■ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status		\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM: Alt	perto Sigler, Sr.		
	Nam	e (Printed or typed)	
100	331 North Kendall Drive, Suite 20	, 00	
Mis	ımi, FL 33176	Address	
iviic		, State & Zip	

305-267-9660 ext. 315

asigler@americanprimegroup.com

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

Daytime Telephone number

E-mail address: (to be used for future annual report notification)



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:

American Prime Insurance, Inc.

10 OCT - 1 AM 7: 18

SECRETARY UP STATE TALLAHASSEE. FLORIDA

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ARTICLE II PRINCIPAL OFFICE

The principal <u>street</u> address and mailing address, if different is: 10631 North Kendall Drive, Suite 200 Miami, FL 33176

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To engage in any lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 100 shares.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Alberto Sigler, Sr., President 10631 North Kendall Drive, Suite 200

Miami, FL 33176

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Alberto Sigler, Sr.

10631 North Kendall Drive, Suite 200

Miami, FL 33176

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Alberto Sigler, Sr.

10631 North Kendall Drive, Suite 200

Miami, FL 33176

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/Incorporator

agree to act in this capacity

9/27/10

Date

9/27/10

Date