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FLORIDA PROFIT/NON PROFIT CORPORATION
BUSINESS INSURANCE SOLUTIONS, INC.

Certificate of Status	0
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5/17/11
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ARTICLES OF INCORPORATION

OF

BUSINESS INSURANCE SOLUTIONS, INC.

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DIVISION OF CORPORATIONS

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The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopts the following Articles of Incorporation:

ARTICLE I NAME

The name of the corporation shall be: **BUSINESS INSURANCE SOLUTIONS, INC.**

The principal place of business of this corporation shall be:

**4000 PONCE DE LEON BLVD., SUITE 470
CORAL GABLES, FL 33146**

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted, and under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is:

7,500 SHARES OF COMMON STOCK @ \$1.00 PAR VALUE

ARTICLE IV TERM OF EXISTENCE

This Corporation is to exist perpetually.

ARTICLE V OFFICER(S)/DIRECTOR(S)

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is(are):

**MAGDA C. PIÑA
4000 PONCE DE LEON BLVD., SUITE 470
CORAL GABLES, FL 33146**

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ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the Incorporator(s) to these articles of incorporation is (are):

**MAGDA C. PIÑA
4000 PONCE DE LEON BLVD., SUITE 470
CORAL GABLES, FL 33146**

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed these Articles of Incorporation this 11 day of May, 2011.

Signature(s) of incorporator(s)



MAGDA C. PIÑA

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**CERTIFICATE DESIGNATING
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 607.325, 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:

BUSINESS INSURANCE SOLUTIONS, INC.

2. The name and address of the registered agent and office is:

MAGDA C. PIÑA

4000 PONCE DE LEON BLVD., SUITE #470
(P.O. BOX NOT ACCEPTABLE)

CORAL GABLES, FL 33146
(CITY/STATE/ZIP)

SIGNATURE



(Corporate Officer) Magda C. Piña

TITLE: President

DATE:

5/11/11

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT, THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

SIGNATURE



(Registered Agent) Magda C. Piña

DATE:

5/11/11

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