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Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 : (305)634-3694 Phone : (305)633-9696 Fax Number

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FLORIDA PROFIT/NON PROFIT CORPORATION MAXIMUM PROTECTION INSURANCE, INC.

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9/7/2011

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ARTICLES OF INCORPORATION # H 11000226149

OF

MAXIMUM PROTECTION INSURANCE, INC.

The undersigned incorporator(s), for the purpose of forming a Profit Corporation under Chapter 607 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation.

ARTICLE!

The name of this corporation shall be: MAXIMUM PROTECTION INSURANCE, INC.

ARTICLE II

This corporation shall commence existence upon the date of filing with the Division of Corporations, State of Florida, and shall have perpetual existence.

ARTICLE III

The principal place of business of this corporation:

16602 NE 3RD AVENUE N. MIAMI, FL 33162

ARTICLE IV

The general nature of business of this corporation is to transact any and all lawful business.

ARTICLE V

The aggregate number of shares which this corporation shall have authority to issue is 100 shares of common stock having an individual par value of \$1.00.

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.

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ARTICLE VI

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

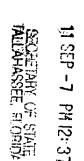
GUY D. SPERDUTO 8963 STIRLING ROAD SUITE 101 COOPER CITY, FL 33328

ARTICLE VII

The name and address of the officers and board of directors shall be:

PRESIDENT
MARIE F. ZIZI
8407 NW 201 TERRACE
HIALEAH, FL 33015

VICE PRESIDENT
NICK ZIZI
8407 NW 201 TERRACE
HIALEAH, FL 33015



ARTICLE VIII

The name and address of the incorporator(s) to these Articles of Incorporation shall be:

MARIE F. ZIZI 8407 NW 201 TERRACE HIALEAH, FL 33015

The undersigned has executed these Articles of Incorporation this <u>07th</u> day of <u>SEPTEMBER</u>, <u>2011</u>.

NCORPORATOR

Signature

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

MAXIMUM PROTECTION INSURANCE, INC.

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION, 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.

REGISTERED AGENT

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