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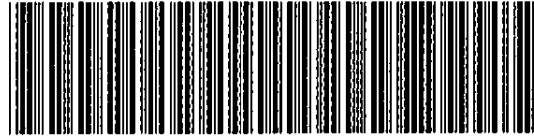
(Business Entity Name)

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DIVISION OF CORPORATIONS
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J. Shivers FEB 20 2012

LAZARUS

CORPORATE FILING SERVICE

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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. OMEGA REINSURANCE Brokers Corporation
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

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NEW FILINGS

- ☒ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

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TALLAHASSEE, FLORIDA

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Examiner's Initials

ARTICLES OF INCORPORATION
OF

Omega Reinsurance Brokers Corporation

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

The name of the corporation shall be:

Omega Reinsurance Brokers Corporation

ARTICLE II

The principal place of business and mailing address of this corporation shall be:

Avimarine, LLC
7981 West Flagler Street
Miami, FL 33144

ARTICLE III

The number of shares of stock that this corporation is authorized to have outstanding at any time is:

1,000 shares @
\$ 1.00 (one dollar)

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Rafael Jose Lopez Loaiza
7981 West Flagler Street
Miami, FL 33144


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ARTICLE V INCORPORATOR (S)

The name(s) and street address(es) of the incorporator to these Articles of Incorporation is (are):

Rafael Jose Lopez Loaiza, President
7981 West Flagler Street
Miami, FL 33144

The undersigned has (have) executed these Articles of Incorporation this 16th day of February 2012.



Signature/ Title

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, Florida Statue, 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: Omega Reinsurance Brokers Corporation
2. The name and address of the registered agent and office is:

Rafael Jose Lopez Loaiza
7981 West Flagler Street
Miami, FL 33144

Signature *R Lopez*
Title president
Date 2/14/12

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

Signature *R Lopez*
Date 2/14/12

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