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Ramon A. Cue, P.A.

Attorney at Law

2600 South Douglas Road PH-8 Coral Gables, FL 33134 T 305.604.6335 F 305.604.6302 www.cuelaw.com

VIA FED EX

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

RE: AIB INSURANCE SERVICES, INC.

June 14, 2012

Dear Div of Corps:

For the third time in less than a month, your online system of incorporating Florida corporations rejected my online application for a new for-profit corporation. It is becoming systematically cumbersome to assist clients with these matters due to the failure of the online system.

Enclosed you will find the documents necessary to incorporate the above-referenced corporation which failed for some unknown reason. Please process this application instantly and return a certificate of status to me in the SASE envelope right away. Time is of the essence in this matter.

Should there be any problem with this filing, please CALL our office instead of returning the materials by mail so that we may act to correct the problem instantly.

Thank you for your attention to this most important matter.

Very sincerely

RAMON A. CUE, ESQ.

RC/na enc

COVER LETTER

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

SUBJECT: AIB INSURANCE SERVICES, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) Enclosed are an original and one (1) copy of the articles of incorporation and a check for: \$70.00 Filing Fee Filing Fee \$78.75 \$87.50 Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED FROM: RAMON A. CUE, ESQ Name (Printed or typed) 2600 S. DOUGLAS ROAD, PENTHOUSE 8 CORAL GABLES, FL City, State & Zip 305-604-6335 Daytime Telephone number RAMONCUE@HOTMAIL.COM

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

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

ARTICLES OF INCORPORATION FILED SECRETARY OF STATE In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) DIVISION OF CORPORATIONS NAME AIB INSURANCE SERVICES, INC. The name of the corporation shall be: 12 JUN 15 PM 12: 43 ARTICLE II PRINCIPAL OFFICE Principal street address Mailing address, if different is: 13521 SW 38 ST **MIAMI FL 33175** SAME AS PRINCIPAL OFFICE ARTICLE III PURPOSE The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS ARTICLE IV SHARES The number of shares of stock is: 1,000 INITIAL OFFICERS AND/OR DIRECTORS Name and Title: ALVAREZ, MICHAEL J. (PRES) Name and Title: Address: <u>13521 SW 38 ST</u> Address: MIAMI FL 33175 Name and Title: ALVAREZ, MICHAEL J. (V.P.)

Address: 13521 SW 38 ST

Address: **MIAMI FL 33175** Name and Title: ALVAREZ, MICHAEL J. (TREAS) Name and Title: Address: <u>13521 SW 38 ST</u> Address: **MIAMLEL 33175** ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Ramon A. Cue & Associates, PA 2600 S. Douglas Rd, PH-8 Address: Coral Gables, FL 33134 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Ramon A Cue Esq.

The name and address of the Incorporator is: Name: Ramon A. Cue, Esq. Address: 2600 S. Douglas Road, PH-8 Coral Gables, FL 33134 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 Required Signature/Registered Agent I submit this document and affirm that helfacts stated herein are true. I am aware that the false information submitted in a

I submit this document and offirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Dopartment of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature/Incorporator Date