Electronic Articles of Incorporation For

P13000087833 FILED October 25, 2013 Sec. Of State jbryan

FLORIDA CITY INSURANCE INC

The undersigned incorporator, for the purpose of forming a Florida profit corporation, hereby adopts the following Articles of Incorporation:

Article I

The name of the corporation is:

FLORIDA CITY INSURANCE INC

Article II

The principal place of business address:

1485 NE 1ST AVE 103 FLORIDA CITY, FL. 33034

The mailing address of the corporation is:

1485 NE 1ST AVE 103 FLORIDA CITY, FL. 33034

Article III

The purpose for which this corporation is organized is: ANY AND ALL LAWFUL BUSINESS.

Article IV

The number of shares the corporation is authorized to issue is: 100

Article V

The name and Florida street address of the registered agent is:

SONIA TORUNO 1485 NE 1ST AVE 103 FLORIDA CITY, FL. 33034

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature: SONIA TORUNO

Article VI

The name and address of the incorporator is:

SONIA TORUNO 1485 NE 1ST AVE 103 FLORIDA CITY, FL 33034

Electronic Signature of Incorporator: SONIA TORUNO

I am the incorporator submitting these Articles of Incorporation and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of this corporation and every year thereafter to maintain "active" status.

Article VII

The initial officer(s) and/or director(s) of the corporation is/are:

Title: D SONIA TORUNO 10 SH 4125 NE 26TH ST HOMESTEAD, FL. 33033

Title: D MICHAEL TURBAY 25 SH 14330 SW 145TH TERR MIAMI, FL. 33186

Title: D HINSUL LAZO 60 SH 1351 SW 70TH AVE MIAMI, FL. 33144

Title: D ERENIA MACHADO 5 SH 1300 PONCE DE LEON #1210 CORAL GABLES, FL. 33134

Article VIII

The effective date for this corporation shall be:

10/25/2013

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