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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305) 552-5973
Fax Number : (305) 675-5944

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
AFFORDABLE PROTECTION IN LIFE & HEALTH INSURANCE INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

14 JUL 18 2014
TALLAHASSEE, FL

cm

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Articles of Incorporation

IN COMPLIANCE WITH CHAPTER 607 AND/OR CHAPTER 621, F.S.

Article I - Name: The name of the corporation shall be

Affordable Protection in Life & Health Insurance **Inc**

Article II - Principal and Mailing Address

Joanna Delgado
8775 Park Boulevard, Apt. 104
Miami, Florida 33172

Article III - Shares

The number of shares of stock is: 100

Article IV - Initial Officers and/or Directors

Joanna Delgado (P)
Manrique Jose Alonso (S)

Article V - Registered Agent

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

Joanna Delgado
8775 Park Boulevard, Apt. 104
Miami, Florida 33172

Article VI - Incorporator

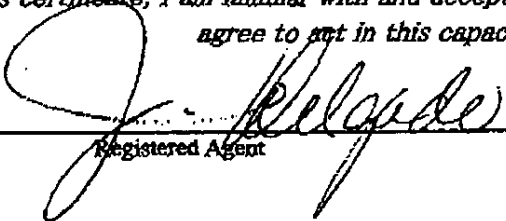
The name and address of the incorporator is:

Joanna Delgado
8775 Park Boulevard, Apt. 104
MIAMI FL 33172

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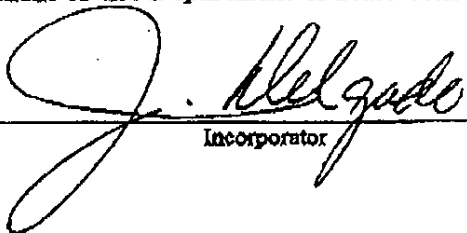
Required Signatures:

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



Registered Agent 7-17-14
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.



Incorporator 7-17-14
Date

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