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Florida Department of State
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To: Division of Corporations
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**FLORIDA PROFIT/NON PROFIT CORPORATION
FULL COVERAGE INSURANCE GROUP, INC.**

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

AUG * 6 2015

S. GILBERT

ARTICLES OF INCORPORATION
OF

FULL COVERAGE INSURANCE GROUP, INC.

THE UNDERSIGNED INCORPORATOR (S), FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA GENERAL CORPORATION ACT, HEREBY ADOPTS THE FOLLOWING ARTICLES OF INCORPORATION.

ARTICLES I NAME

THE NAME OF THE CORPORATION SHALL BE:
FULL COVERAGE INSURANCE GROUP, INC.

THE PRINCIPAL PLACE OF BUSINESS OF THIS CORPORATION SHALL BE:
8235 SW 43RD STREET MIAMI, FL 33155

ARTICLES II NATURE OF BUSINESS

THIS CORPORATION MAY ENGAGE IN OR TRANSACT ANY OR ALL LAWFUL ACTIVITIES OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES, THE STATE OF FLORIDA, OR ANY OTHER STATE, COUNTRY, TERRITORY OR NATION.

ARTICLE III CAPITAL STOCK

THE AGGREGATE NUMBER OF SHARES OF STOCK AND ITS VALUE THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:
ONE-THOUSAND SHARES, PAR VALUE OF \$1.00.

ARTICLE IV TERM OF EXISTENCE

THIS CORPORATION IS TO EXIST PERPETUALLY.

ARTICLE V OFFICERS DIRECTORS

THE NAME (S) AND STREET ADDRESS (ES) OF THE INITIAL OFFICER (S) AND DIRECTOR (S), IF ANY, WHO SHALL HOLD OFFICE THE FIRST YEAR OF THE CORPORATION'S EXISTENCE OR UNTIL THEIR SUCCESSOR (S) IS (ARE) ELECTED, IS (ARE):
VICTOR G. MOREJON 8235 SW 43RD STREET MIAMI, FL 33155 PRESIDENT
ROLANDO P. PEREZ 8235 SW 43RD STREET MIAMI, FL 33155 VICE-PRESIDENT

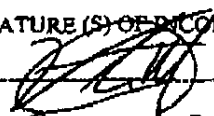
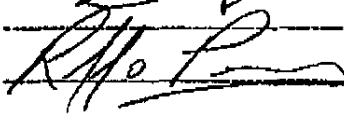
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI INCORPORATOR(S)

THE NAME (S) AND STREET ADDRESS (ES) OF THE INCORPORATOR (S) TO THESE
ARTICLES OF INCORPORATION IS (ARE):
VICTOR G. MOREJON 8235 SW 43RD STREET MIAMI, FL 33155
ROLANDO P. PEREZ 8235 SW 43RD STREET MIAMI, FL 33155

IN WITNESS WHEREOF, THE UNDERSIGNED INCORPORATOR (S) HAS (HAVE)
EXECUTED THESE ARTICLES OF INCORPORATION THIS 05TH DAY OF AUGUST 2015

SIGNATURE (S) OF INCORPORATOR (S)

CERTIFICATE OF DESIGNATION
REGISTER AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.325, FLORIDA STATUTES, 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: FULL COVERAGE INSURANCE GROUP, INC.

2. THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:

NAME: VICTOR G. MOREJON

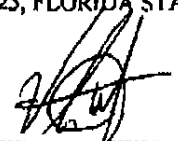
ADDRESS: 8235 SW 43RD STREET MIAMI, FL 33155

SIGNATURE
TITLE
DATE


PRESIDENT
8/5/2015

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

SIGNATURE
DATE


8/5/2015