Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000020803 3)))



H180000208033ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : FASTKIT CORP Account Number : 120100000009 Phone : (305) 599-0839 Fax Number : (305)592-9591

**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 ALL IN-1-US INSURANCE CORP

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

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF INCORPORATION OF

ALL IN-1-US INSURANCE CORP

THE UNDERSIGNED, has executed the following document as incorporator of the above named corporation, a corporation organized under the laws of the State of Florida and all rights duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the laws of the State of Florida.

ARTICLE I

The name of the Corporation shall be:

ALL IN-1-US INSURANCE CORP

ARTICLE II

This Corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

This Corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, State of Florida or any other state, country, territory or nation.

ARTICLE IV

The aggregate number of shares, which this corporation shall have authority to issue, is the total of 1000 shares, having an individual par value of \$1.00 each, and shall be only Common class of stock on this corporation.

ARTICLEV

The name and address have the initial registered agent, registered office, and principal office of this corporation shall be:

MARTHA N PARADA 19158 SW 16TH ST PEMBROKE PINES, FL 33029

ARTICLE VI

The initial Board of Directors shall consist of a total of one person and the name of the person who is to serve as initial director is:

MARTHA N PARADA 19158 SW 16TH ST PEMBROKE PINES, FL 33029

PRESIDENT

ARTICLE VII

The name and address of the incorporators executing these Articles of Incorporation is:

MARTHA N PARADA 19158 SW 16TH ST PEMBROKE PINES, FL 33029

Sate Park

WITNESS WHEREOF, the undersigned incorporator has ex Articles of Incorporation this 17 days of January In pursuance of Chapter 607.34 Florida Statutes, the submitted, in compliance with said Act:	2010
First-That ALL IN-1-US INSURANCE CORE	>
(Name of Corporation)	
Desiring to organize under the laws of the State of Fi it's principal office, as indicated in the R Incorporation, the City of Miami County of Miami-	خ د ۱ د کوست
State of Florida has named MARTHA N PARADA	
(Name of Register Ag	gent)
Located at 19158 SW 16TH STREET	
(Street address and number of building,	
Post Office Box address not acceptable)	ı
City PEMBROKE PINES_, FL 33029 _, County of-MIAMI-DADE	
State of Florida, as its agent to accept service of prothis state.	cess within
ACKNOWLEDGMENT: (MUST BE SIGNED BY DESIGNATED AGENT)	
Baving been named as registered agent to accept service for the above stated corporation at place designate certificate, I am familiar with and accept the apportunity agent and agree to act in this capacity,	
	: · '
	•
	· -
By:	
Take Sande	á
CMARTHA N PARADA	
	7
	A.`