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Florida Department of State
Division of Corporations
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To: Division of Corporations
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Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
HEALTH INSURANCE EXPERTS INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

HEALTH INSURANCE EXPERTS INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

5610 NW 114TH PLACE, STE 204

DORAL, FLORIDA 33178

ARTICLE III PURPOSE

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

100 COMMON SHARES NO PAR VALUE

ARTICLE V INITIAL OFFICERS / DIRECTORS

The name(s), address(es), and title(s) of the directors and officers is/are:

PRESIDENT

ALFREDO ATENCIO

5610 NW 114TH PLACE, STE 204

DORAL, FLORIDA 33178

DIRECTOR

OLGA RUIZ RIVERA

5610 NW 114TH PLACE, STE 204

DORAL, FLORIDA 33178

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PAGE 2 HEALTH INSURANCE EXPERTS INC.

ARTICLE VI REGISTERED AGENT

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

ALFREDO ATENCIO
5610 NW 114TH PLACE, STE 204
DORAL, FLORIDA 33178

ARTICLE VII INCORPORATOR

The name and street address of the incorporator is:

ALFREDO ATENCIO
5610 NW 114TH PLACE, STE 204
DORAL, FLORIDA 33178

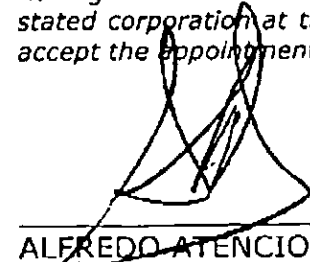


ALFREDO ATENCIO / Registered Agent

3/3/2019

Date

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.



ALFREDO ATENCIO / Incorporator

3/3/2019

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.

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