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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

: (305)552-5973

Phone 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:		—
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FLORIDA PROFIT/NON PROFIT CORPORATION A&S INSURANCE GROUP INC

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

ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is						
A & S Insurance Group:	Inc					
ARTICLE II PRINCIPAL OFFICE:						
The principal street address and mailing address is: 2458 West 60st Hialeah Fl 33016						
Hialeah F/ 33016						
ARTICLE III SHARES: The number of shares of stock is:	100					
Polando Cerit (P)						
Forando Ceril (P)						
	· · · · · · · · · · · · · · · · · · ·					
						
ARTICLE V INITIAL REGISTERED AGENT AND STREET	ADDRESS:					
The name and Florida street address (PO Box not acceptable) of the regi						
Rolando Cerit	<u> </u>					
2458 west 605t						
Hialeah Fl 33016	· · · · · · · · · · · · · · · · · · ·					
ARTICLE VI INCORPORATOR: The name and address of the I	n corporator is:					
Rolando Cerit						
2458 west 60 st						
Hialeah F1 33016						

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

| 10(31/2019 | Registered Agent | 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.

10(31/2019 Date