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TO: DIVISION OF CORPORATIONS
DEPARTMENT OF STATE
STATE OF FLORIDA
409 EAST GAINES STREET
TALLAHASSEE, FL 32399
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FROM: EMPIRE CORPORATE KIT COMPANY
1492 W FLAGLER ST
SUITE 200
MIAMI FL 33135- 311- L 33135-
CONTACT: RAY STORMONT
PHONE: (305) 541-3694
FAX: (305) 541-3770

(((H95000002706)))

DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.
NAME: MIER INSURANCE GROUP, INC.
FAX AUDIT NUMBER: H95000002706
CURRENT STATUS: REQUESTED
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TIME REQUESTED: 09:57:17
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MAR-09-1995 11:00 FROM EMPIRE TO DIV CORP ELT FI P.14

Prepared by:
JOSE RIESCO, CPA
2801 Ponce de Leon Blvd # 1000
Coral Gables, Fl 33134
305 445-0177

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(4)

H 95000056 H

ARTICLES OF INCORPORATION
OF

Mier Insurance Group, Inc.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation

ARTICLE I NAME

The name of the corporation shall be:

Mier Insurance Group, Inc.

The principal place of business of this corporation shall be:

1215 Madrid Street
Coral Gables, FL 33134

ARTICLE 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 par value that this corporation is authorized to have outstanding at any one time is:

7500 COMMON SHARES AT $1

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):

Luis M. Mier
1215 Madrid Street
Coral Gables, FL 33134

Miriam C. Mier
1215 Madrid Street
Coral Gables, FL 33134

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ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the Incorporator(s) to these articles of incorporation is(are):

Luis M. Mier
1215 Madrid Street
Coral Gables, FL 33134

Miriam C. Mier
1215 Madrid Street
Coral Gables, FL 33134

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed these Articles of Incorporation this _____ day of _____, 19___.

Signature(s) of incorporator(s)

STATE OF FLORIDA

COUNTY OF DADE

THE FOREGOING instrument was acknowledged and sworn to before me this _____ day of _____, 19_____ by _____

(name of incorporator(s))

of _____
(name of corporation)

_____
Notary Public

(SEAL)

My Commission Expires:

H 950000027 06

CERTIFICATE DESIGNATING REGISTERED 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 is:

Mier Insurance Group, Inc.

2. The name and address of the registered agent and office is:

Luis M. Mier

1215 Madrid Street

(P.O. BOX NOT ACCEPTABLE)

Coral Gables, FL 33134

(CITY/STATE/ZIP)

SIGNATURE: X

(Corporate Officer)

TITLE President

DATE 3/2/95

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, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

SIGNATURE:

(Registered Agent)

DATE 3/2/95

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95 MAR -3 PM 12:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H 950000027 06

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED AND FILED

96 SEP 24 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000019287

1 Corporation Name

MIER INSURANCE GROUP, INC.

Principal Place of Business	Mailing Address
1215 MADRID STREET CORAL GABLES FL 33134	1215 MADRID STREET CORAL GABLES FL 33134

REINSTATEMENT 96

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2 New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 03/08/1995

5. FEI Number: 65-0566075 — Applied For ☐ Not Applicable ☒

6. CERTIFICATE OF STATUS DESIRED ☐ [redacted]

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
C	MIER, LUIS M	1215 MADRID ST.	CORAL GABLES FL 33134
D	MIER, MIRIAM C	1215 MADRID ST.	CORAL GABLES FL 33134

300001971829
-10/11/96--01074--014
*****375.00 *****375.00

8. Name and Address of Current Registered Agent

MIER, LUIS M
1215 MADRID STREET
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City | State: FL | Zip Code

CR2E040 (7/96)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent [signature] REQUIRED — REGISTERED AGENT MUST SIGN

Date 9/13/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: [signature] REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 9/13/96

Daytime Phone # 305 444-7806