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08/11/95 12:4 FAS- CORPORATE AGENTS (305) 592 9591 P.001

8/11/95 FLORIDA DIVISION OF CORPORATIONS 11:35 A
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TO: DIVISION OF CORPORATIONS
DEPARTMENT OF STATE
STATE OF FLORIDA
409 EAST GAINES STREET
TALLAHASSEE, FL 32399
FAX: (904) 922-4000

FROM: FAS-T CORP. AGENTS, INC.
8405 NW 53RD ST
SUITE C-100
MIAMI FL 33166- 33401-
CONTACT: LIDIA FERNANDEZ
PHONE: (305) 599-0839
FAX: (305) 592-9591

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DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.
NAME: COMMERCIAL INSURANCE CENTER, CORP.
FAX AUDIT NUMBER: H95000008870
DATE REQUESTED: 08/11/1995
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TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS

ARTICLES OF INCORPORATION

H95000008870

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OF

COMMERCIAL INSURANCE CENTER, CORP.

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: COMMERCIAL INSURANCE CENTER, CORP.

The principal place of business of this corporation shall be: 5209 N.W. 74th Ave. #283
MIAMI, FLORIDA 33166

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: 500 at $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):

REMY HERRERO (P,T,D) 5209 N.W. 74th Ave. #223 MIAMI, FL 33166
CARMEN M. HERRERO (VP,S,D) 5209 N.W. 74th Ave. #223 MIAMI, FL 33166

PREPARED BY: NORA M. FLORES 5209 N.W. 74th Ave. #215 MIAMI, FL 33166
(305) 594-9640

H95000008870

ARTICLE VI INCORPORATOR(S)

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

REMY HERRERO	5209 N.W. 74th Ave. #223	MIAMI, FL	33166
CARMEN M. HERRERO	5209 N.W. 74th Ave. #223	MIAMI, FL	33166

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this 10TH day of AUGUST, 1995.

Signature(s) of Incorporator(s)

STATE OF FLORIDA
COUNTY OF DADE

THE FOREGOING instrument was acknowledged and sworn to before me this 10TH day of AUGUST, 1995, by REMY HERRERO & CARMEN M. HERRERO (Name of Incorporator) of COMMERCIAL INSURANCE CENTER, CORP. (Name of Corporation).

Notary Public
My Commission Expires:
ROSA E. GONZALEZ

OFFICIAL NOTARY SEAL
ROSA E GONZALEZ
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. CC274425
MY COMMISSION EXP. APR. 8,1997

(SEAL)

ARTICLES OF INCORPORATION FILING FEE:

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CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sect. 607.0501, 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: COMMERCIAL INSURANCE CENTER, CORP.

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

REMY HERRERO
(NAME)

5209 N.W. 74th Ave. #223
(P.O. BOX NOT ACCEPTABLE)

MIAMI, FLORIDA 33166
(CITY/STATE/ZIP)

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95 AUG 11 PM 4:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SIGNATURE _____
(corporate officer)

TITLE President

DATE 8/10/95

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE _____

DATE 8/10/95

REGISTERED AGENT FILING FEE:

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