

P96000064183

**Silvio G. Bueno**

12201 South West 1st Street  
Miami, Florida 33184  
Telephone: (305)221-4732 ext 2

July 26, 1996

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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-07/30/96--01165--013  
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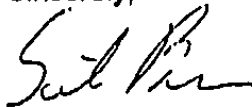
Re: Assurance Providers, Inc.,  
12201 South West 1st Street  
Miami, Florida 33184

Dear Sirs:

Enclosed is an original and one copy of the Articles of Incorporation for the above proposed corporation. Also, enclosed is a money order for \$ 122.50 to cover the various related fees.

Please file the original articles and return a certified copy to my attention at the above address. If you have any immediate questions, I maybe contacted at the above telephone number.

Sincerely,



Silvio G. Bueno  
Incorporator

bgs/SGB  
encl/articles

FILED  
96 JUL 30 PM 4: 16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

7-31-96  
18R

**Articles of Incorporation  
of  
Assurance Providers, Inc.**

FILED  
95 JUL 30 PM 4:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ONE:** The name of the corporation is Assurance Providers, Inc.

**TWO:** The principal office and street address of the corporation is:

12201 South West 1st Street  
Miami, Florida 33184

**THREE:** The duration of the Corporation is perpetual.

**FOUR:** The general purpose or purposes for which this corporation being formed are to include the transaction of any or all lawful business permitted under the laws of the State of Florida.

**FIVE:** The aggregate number of shares that the corporation shall have authority to issue is One Hundred (100) common shares. Each share of common stock shall have a par value of \$1.00 (One U.S. Dollar).

**SIX:** The registered agent and the street address of the initial registered office of the corporation in the State of Florida is:

NAME	ADDRESS
Silvio G. Bueno	12201 South West 1st Street Miami, Florida 33184

**SEVEN:** The number of directors constituting the initial board of directors is one. The name and address of each person who is to serve as a member thereof is as follows:

NAME	ADDRESS
Silvio G. Bueno	12201 South West 1st Street Miami, Florida 33184

**EIGHT:** The names and addresses of each incorporator, the number of shares of stock, and the total aggregate amount of which shall be the sum of one hundred dollars are as follows:

NAME	ADDRESS	SHARES	AMOUNT
Silvio G. Bueno	12201 South West 1st Street Miami, Florida 33184	100	\$100.00

NINE: The officers of the Corporation shall be:

Silvio G. Bueno

President/Secretary/Treasurer

FILED  
95 JUL 30 PM 4:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

IN WITNESS WHEREOF, the parties have hereunto made subscribed and acknowledged these Articles of Incorporation.

Silvio G. Bueno

Silvio G. Bueno

I, the undersigned, hereby accept appointment as Registered Agent of the above noted corporation. I am familiar with, and accept the obligations of Section 607.325 of the Florida Statutes.

Silvio G. Bueno

Silvio G. Bueno

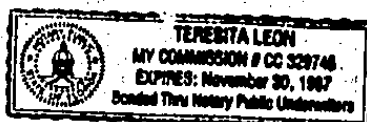
**State of Florida  
County of Dade**

I hereby certify that on this day, before me, a Notary Public authorized in the State and County named above to take acknowledgments, personally appeared Silvio Bueno, to me known to be the person described as the subscriber in and who executed the foregoing Articles of Incorporation, and acknowledged before me that he subscribed to those Articles of Incorporation.

WITNESS my hand and official seal in the County and State named above this 27th day of July 1996.

T. Leon  
Notary Public

My commission expires:



P96000064183

**Assurance Providers, Inc.**

8547 North West 186<sup>th</sup> Street  
Miami, Florida 33015  
Telephone: (305)829-4001

October 9, 1996

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: Assurance Providers, Inc.. Change of Street Address  
Document No. P96000064183/Employer Id No. 65-0683290

Dear Sirs:

Please be advised that the board of directors of Assurance Providers, Inc., on October 1<sup>st</sup>, 1996 relocated the corporation to the following street address:

Company: Assurance Providers, Inc.  
Address: 8547 NW 186<sup>th</sup> Street  
Miami, FL 33015  
Tel: 305-829-4001

If you have any immediate questions, I maybe contacted at the above telephone number.

Sincerely,



Silvio G. Bueno  
President

bgs/SGB

I hereby certify that the information furnished is true and correct.

Witness my hand and the seal of the Department of State, Tallahassee, Florida, on October 10, 1996.

mtm

10.15.96