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PHONE: (305)541-3694

FAX #: (904)922-4001
ACCT#: 072450003255
FAX #: (305)541-3770

NAME: INSURANCE OUTLET, INC.
AUDIT NUMBER.....H97000000766
DOC TYPE.....FLORIDA PROFIT CORPORATION OR P.A.
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H97000000766

ARTICLES OF INCORPORATION

OF

INSURANCE OUTLET, 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: INSURANCE OUTLET, INC.

The principal place of business of this corporation shall be:
2435 S.W. 129 Court, Miami, Florida 33175

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any of all lawful activities of 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 @ \$1.00
FIVE HUNDRED @ \$1.00 (ONE DOLLAR)

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

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ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and directors(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):

CARLOS FUNES, PRESIDENT

2435 S.W. 129 Court
Miami, Florida 33175

ARTICLE VI INCORPORATOR(S)

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

CARLOS FUNES, PRESIDENT

2435 S.W. 129 Court
Miami, Florida 33175

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this 7 day of January, 19 97

Signature(s) of Incorporator(s)



CERTIFICATE DESIGNATING

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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: INSURANCE OULET, INC.

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

CARLOS FUNES

2435 S.W. 129 Court,

(P.O. BOX NOT ACCEPTABLE)

MIAMI, FLORIDA 33175

(CITY/STATE/ZIP)

SIGNATURE [Signature]

(Corporate Officer)

TITLE PRESIDENT

DATE January 7, 1997

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 THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

SIGNATURE [Signature]

(Registered Agent)

DATE January 7, 1997

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Jose Nas, 3899 NW 7th ST., Suite 203 Miami, FL 33126 Phone (305) 541-3980