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LATARUS CORPORATE FILING SERVICE, INC.

(Requestor's Name)

3320 S.W. 87th AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

100002436241--9

-02/20/98--01053--010

*****78.75 *****78.75

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. LOSS CONTROL SOLUTIONS OF FLORIDA INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00

☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy

☒ Certificate of Status

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98 FEB 20 PM 1:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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98 FEB 20 AM 11:51
DIVISION OF CORPORATION

Examiner's Initials

ARTICLES OF INCORPORATION

OF

Loss Control Solutions of Florida Inc.
Name of Corporation

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

ARTICLE I NAME

The name of the corporation shall be: **Loss Control Solutions of Florida Inc.**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

**6680 NW 39 STREET
Miami, FL. 33166**

and the name of the initial registered agent of this corporation at this address is:

RIGOBERTO DIAZ

ARTICLE III NATURE OF BUSINESS

Loss Control Solutions of Florida Inc. is organized for the purpose of transacting any lawful business for which corporations may be formed in Florida.

ARTICLE IV TERM OF EXISTENCE

The duration of **Loss Control Solutions of Florida Inc.** is perpetual.

ARTICLE V CAPITAL STOCK

Loss Control Solutions of Florida Inc. is authorized to issue 100 shares of common stock, par value \$1.00 per share.

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TALLAHASSEE, FLORIDA

ARTICLES VI INITIAL DIRECTORS

Loss Control Solutions of Florida Inc. shall have one (1) director, and the number of directors may be changed as provided in the bylaws, but shall never be less than one. The name and address of the initial directors are:

RIGOBERTO DIAZ
6680 NW 39 STREET
MIAMI, FL 33166

PRESIDENT
TITLE

DANIEL A. LIY
9365 FONTAINEBLEAU BLVD. STE E-214
MIAMI, FL, 33172

VICE-PRESIDENT
TITLE

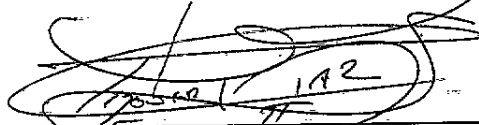
ARTICLE VII INCORPORATORS

The name and address/es of the incorporator/s of this corporation are:

RIGOBERTO DIAZ
6680 NW 39 STREET
MIAMI, FL 33166

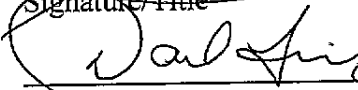
DANIEL A. LIY
9365 FONTAINEBLEAU BLVD. STE E-214
MIAMI, FL. 33172

The undersigned has/have executed these Articles of Incorporation this 12th day of February, 19 97.



Signature/Title

PRESIDENT



Signature/Title

VICE-PRESIDENT

Signature/Title

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 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: **Loss Control Solutions of Florida Inc.**

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

RIGOBERTO DIAZ

Name

6680 NW 39 STREET

Address(P.O. Box or Mail Drop Box Not acceptable)

<u>MIAMI</u>	<u>FLORIDA</u>	<u>33166</u>
City	State	Zip

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 THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

DATE

2-18

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DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314