Manna Rec51

LAZARUS CORPORATE FILING SERVICE, INC. (Requestor's Name)	
3320 s.w. 87th AVENUE	4000024635142 -03/20/3801052015 ******78.75 ******78.75
(Address)	******78.75 *****78.75
MIAMI, FLORIDA (305)552-5973	
(City, State, Zip) (Phone #)	.
LOCAL REPRESENTATIVE TALLAHASSEE	OFFICE USE ONLY
CORPORATION NAME(S) & DOCUMENT NUM	MBER(S) (if known):
1. FINANCIAL INSURANC	E BROKERS, INC.

CORPORATION NAME(S) &	DOCUMENT NUMBER(S) (if known):	
I. FINANCIAL (Corporation Name)	NSURANCE BROKERS, (NC.	,
(Corporation Name)	(Document #)	
(Corporation Name)	(Document #)	
1.	(Document #)	- છુ
(Corporation Name) Walk in Pick up time		98 MAR 23
Mail out Will wait	Photocopy	
NEW FILINGS	AMENDMENTS	:35]
NonProfit	Resignation of R.A., Officer/Director	,
. Limited Liability	Change of Registered Agent	
Domestication	Dissolution/Withdrawal • Dissolution/Withdrawal	
Other	Merger 2	
OTHER FILNGS	REGISTRATION/ QUALIFICATION	
Annual Report	QUALIFICATION Foreign Limited Partnership	3
Fictitious Name	Limited Partnership	
Name Reservation		

Trademark

Examiner's Initials



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

March 20, 1998

LAZARUS

MIAMI, FL

SUBJECT: FINANCIAL INSURANCE BROKERS, INC.

Ref. Number: W98000006270

We have received your document for FINANCIAL INSURANCE BROKERS, INC.. However, the document has not been filed and is being returned for the following:

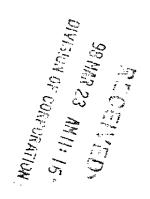
The registered agent and street address must be consistent wherever it appears in your document.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6934.

Loria Poole Corporate Specialist

Letter Number: 698A00015149



ARTICLES OF INCORPORATION

OF

FINANCIAL INSURANCE BROKERS, INC.

THE UNDERSIGNED, has executed the following document as incorporator of the above named corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the laws of the State of Florida.

ARTICLE 1

The name of this corporation shall be:

FINANCIAL INSURANCE BROKERS, INC.

98 MAR 23 AM II: 35 SECRETARY OF STATE TALLAHASSEE, FLORIN.

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 100 shares, having an individual par value of \$1.00

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

ARTICLE IV

The street address of the initial principal office and the name of the Resident Agent of

this Corporation shall be:

PRINCIPAL OFFICE 11715 S.W. 18 STREET MIAMI, FL. 33175

Registered agent & Address Jose M. Perez De Corcho 5035 S.W. 133 Avenue Miami, Florida 33165

ARTICLEY

The initial Board of Directors shall consist of a total of ${\tt TWO}$ (2) person, and the name and address of the person who is to serve as initial director is:

PRES. JOSE M. PEREZ DE CORCHO 5035 S.W. 113 AVENUE MIAMI, FL. 33165 TREASURER - DANIA PEREZ DE CORCHO 5035 S.W. 113 AVENUE MIAMI, FL. 33165

The name and address of the incorporator executing these Articles of Incorporation is:

JOSE M. PEREZ DE CORCHO 5035 S.W. 113 AVENUE MIAMI, FL. 33165 IN WITNESS WHEREOF, the undersigned incorporator has(ve) executed these Articles of Incorporation this 19th day of March 19th.

JOSE M. PEREZ DE CORCHO

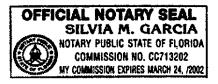
STATE OF FLORIDA }
} SS.
COUNTY OF DADE }

BEFORE ME, a notary public authorized to take acknowledgements in the state of county set forth above, personally appeared known to me and known by me to be the person(s) who executed the foregoing Articles of Incorporation, and he (they) acknowledge before me that he(they) executed those Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the state and county aforesaid, this 97% day of 77% . 19 9%.

NOTARY PUBLIC, STATE OF FLORIDA AT LARGE

My Commission Expires:



CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections of 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registed agent, in the State of Florida.

1. The name of the corporation is:FINA	NCIAL INSURANCE BROKERS, INC.	
2. The name and address of the registered agent and office is:		
JOSE M. PEREZ DE CORCHO		
(Name)		
5035 S.W. 113 AVENUE	MIAMI, FLORIDA 33165	
(Addroce/City/State/Zin)		

(Address/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 AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

DATE

98 MAR 23 AM II: 3