P98000032078

4/07/98 FLORIDA DIVISION OF CORPORATIONS 12:04 PM
PUBLIC ACCESS SYSTEM
ELECTRONIC FILING COVER SHEET

(((H98000006630 1)))

TO: DIVISION OF CORPORATIONS FAX #: (850)922-4001

FROM: FAS-T CORP. AGENTS, INC. ACCT#: 071001002335
CONTACT: LIDIA FERNANDEZ
PHONE: (305)599-0839 FAX #: (305)716-0346

NAME: ALEJANDRO BETANCOURT INSURANCE AGENT, INC.
AUDIT NUMBER.....H98000006630
DOC TYPE.....FLORIDA PROFIT CORPORATION OR P.A.
CERT. OF STATUS..0 PAGES..... 3
CERT. COPIES.....1 DEL.METHOD.. FAX
EST.CHARGE.. $122.50

NOTE: PLEASE PRINT THIS PAGE AND USE IT AS A COVER SHEET. TYPE THE FAX AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

** ENTER 'M' FOR MENU. **

FILED
98 APR -7 AM 7:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. CHESSER APR 0 1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

FILED
98 APR -7 AM 7:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

April 7, 1998

FAS-T CORP. AGENTS, INC.

,

SUBJECT: ALEJANDRO BETANCOURT INSURANCE AGENT, INC.
REF: W98000007756

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Section 15.16(3), Florida Statutes, requires each document to contain in the lower left-hand corner of the first page the name, address, and telephone number of the preparer of the original and, if prepared by an attorney licensed in this state, the preparer's Florida Bar membership number.

If you have any further questions concerning your document, please call (850) 487-6067.

Neysa Culligan
Document Specialist

FAX Aud. #: H98000006630
Letter Number: 598A00018460

H98000006630

FILED
98 APR -7 AM 7:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
OF
ALEJANDRO BETANCOURT INSURANCE AGENT, 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:

ALEJANDRO BETANCOURT INSURANCE AGENT, INC.

The principal place of business of this corporation shall be:

7392 S.W. 78th Court
Miami, Fl 33143-4024

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 value that this corporation is authorized to have outstanding at any one time is: 500 share; $1.00 par value

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):

Alejandro Betancourt
7392 S.W. 78th Court
Miami, Fl 33143-4024
(305) 447-8383

Prepared By: Padro & company
747 Ponce de Leon Blvd. Ste. 203
Coral Gables, Fl. 33134
(305) 447-8383

ARTICLE VI INCORPORATOR(S)

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

Alejandro Betancourt
7392 S.W. 78th Court
Miami, Fl 33143-4024

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this 6th day of April, 1997.

Signature(s) of Incorporator(s)

H98000006630

CERTIFICATE OF DESIGNATION
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:

ALEJANDRO BETANCOURT INSURANCE AGENT, INC.

FILED
98 APR -7 AM 7:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Alejandro Betancourt 7392 S.W. 78th Court

(P.O. BOX NOT ACCEPTABLE)

Miami, Fl 33143-4024

(CITY/STATE/ZIP)

I HEREBY AGREE TO ACT AS REGISTERED AGENT FOR THIS CORPORATION.

SIGNATURE [signature]

TITLE PRESIDENT

DATE 4/6/98

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.

H98000006630