P98000032654

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

500002482906--5 -04/08/98--01088--006 *****78.75 *****78.75

SUBJECT: New Millennium Life Insurance Services, Inc.
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00 Filing Fee

×⊠ \$78.75

Filing Fee

& Certificate

\$122.50 ___

\$131.25

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: Linda Rubino

Name (Printed or typed)

7890 Peters Road, Suite G109

Address

Plantation, FL 33324

City, State & Zip

(954) 452-9228

Daytime Telephone number

SECRETARY OF STATE

NOTE: Please provide the original and one copy of the articles.

ne 4/a/98

ARTICLES OF INCORPORATION

FILED 98 APR -8 AM IC 20

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

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

NEW MILLENNIUM LIFE INSURANCE SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

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

7890 PETERS ROAD, SUITE G109 PLANTATION, FL 33324

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

ANNMARIE D. SAPP 379 KETCH DRIVE SUNRISE, FL 33326

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

7. Rulux

LINDA A. RUBINO 853 NW 80th WAY PLANTATION, FL 33324

Signature/Incorporator

4/7/98

Date

(An additional article must be added if an effective date is requested.)

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 legistered agent

Signature/Registered Agent

Date