

OFFICE USE ONLY (Document #)

LAZARUS 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

OFFICE USE ONLY

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-05/12/98--01058--011
****122.50 ****122.50

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

1. CARLOS PEREZ-HEYDRICH INSURANCE AGENCY, INC. (Corporation Name) (Document #)

2. INC. (Corporation Name) (Document #)

3. (Corporation Name) (Document #)

4. (Corporation Name) (Document #)

- Walk in
- Pick up time 2:00
- Mail out
- Will wait
- Photocopy
- Certified Copy
- Certificate of Status

FILED
98 MAY 12 PM 2:02
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 |

5/18

RECEIVED
98 MAY 12 AM 11:01
DIVISION OF CORPORATION

Examiner's Initials

LAW OFFICES
G. FRANK QUESADA

SUITE 200
1313 PONCE DE LEON BOULEVARD
CORAL GABLES, FLORIDA 33134

TELEPHONE
(305) 446-2517

FACSIMILE
(305) 446-7521

Corporate Records Bureau
Division of Corporations
Department of State
P.O. Box 6327
Tallahassee, Florida 32301

RE: Incorporation of Carlos Perez-Heydrich Insurance Agency, Inc.

Gentlemen:

Enclosed please find an original and one copy of the Articles of Incorporation of the above captioned corporation.

Also enclosed is our check for the following:

| | |
|------------------------------|--------------|
| Filing Fees | \$ 35.00 |
| Certified Copy | 52.50 |
| Registered Agent Designation | <u>35.00</u> |
| | \$122.50 |

Please certify the enclosed copy of the Charter and return to this office.

Thank you for your usual prompt and courteous attention.

Very truly yours,

G. Frank Quesada

G. Frank Quesada

1/16/1

Enclosure

FILED

98MAY 12 PM 2:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

OF

CARLOS PEREZ-HEYDRICH
INSURANCE AGENCY, INC.

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

ARTICLE I NAME

The name of this corporation shall be: CARLOS PEREZ-HEYDRICH INSURANCE
AGENCY, INC.

ARTICLE II PRINCIPAL OFFICE

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

P.O. BOX 831357
MIAMI, FL 33283

ARTICLE III CAPITAL STOCK

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

750 SHARES \$10 PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

CARLOS PEREZ-HEYDRICH
5600 SW 135 Avenue - Suite 101
Miami, Florida 33183

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

CARLOS PEREZ-HEYDRICH
5600 SW 135 Avenue - Suite 101
Miami, Florida 33183

The undersigned has(have) executed these Articles of Incorporation this 11th day of May, 1998.



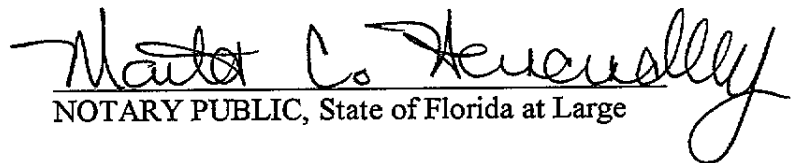
Carlos Perez-Heydrich, Incorporator

STATE OF FLORIDA

COUNTY OF DADE

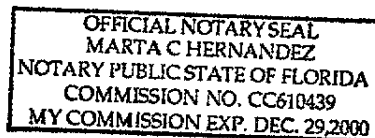
I HEREBY CERTIFY that on this day, before me, an officer, duly authorized in the State aforesaid and in the County aforesaid, to take acknowledgments, personally appeared CARLOS PEREZ-HEYDRICH, to me known to be the persons described in and who executed the foregoing instrument or who have produced Known to me as identification and who did take an oath and acknowledged before me that they executed the same.

WITNESS my hand and official seal in the County and State last aforesaid the 11th day of May, 1998.



NOTARY PUBLIC, State of Florida at Large

(Print Name)
My Commission expires:



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 registered office/registered agent in the State of Florida.

1. The name of the corporation is:

CARLOS PEREZ-HEYDRICH INSURANCE AGENCY, INC.

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

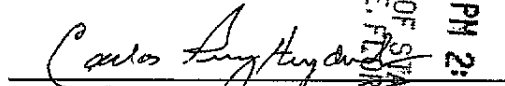
CARLOS PEREZ-HEYDRICH
5600 SW 135 Avenue - Suite 101
Miami, Florida 33183



Carlos Perez-Heydrich, Resident Agent

Date: May 11th, 1998

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.



Carlos Perez-Heydrich, Resident Agent

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TALLAHASSEE, FLORIDA