

TRANSMITTAL LETTER

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

500002534775-3  
-05/26/98 -01034-005  
\*\*\*\*131.25 \*\*\*\*131.25

SUBJECT:

Insurance Solutions Agency, 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  
Filing Fee  
& Certified Copy

☒ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

ADDITIONAL COPY REQUIRED

FROM:

Germany Mondaca

Name (Printed or typed)

10526 SW 8<sup>th</sup> ST

Address

Miami FL 33174

City, State & Zip

(305) 227-0595

Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

98 MAY 26 AM 10:27

FILED

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

## ARTICLES OF INCORPORATION

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

### ARTICLE I NAME

The name of the corporation shall be:

Insurance Solutions Agency, Inc

### ARTICLE II PRINCIPAL OFFICE

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

13411 SW 56 ST  
Miami FL 33175

### ARTICLE III SHARES

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

3

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

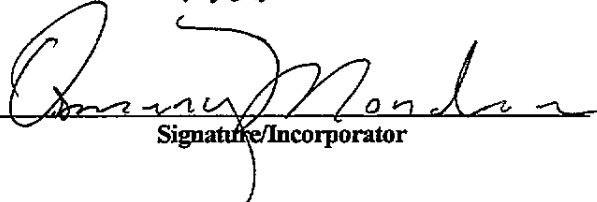
The name and Florida street address of the initial registered agent are:

Osmany Mondaca  
14366 SW 51st Miami FL 33175

### ARTICLE V INCORPORATOR

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

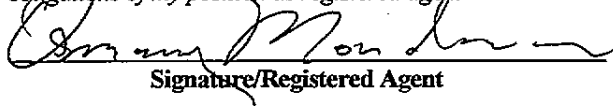
Osmany Mondaca  
14366 SW 51st Miami FL 33175

  
Signature/Incorporator

5/22/98  
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 registered agent

  
Signature/Registered Agent

5/22/98  
Date

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98 MAY 26 AM 10:27  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA