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LEZARUS CORPORATE FILING SERVICE, INC.

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MIAMI, FLORIDA (305)552-5973

(City, State, Zip)

(Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

100002589651--4

-07/15/98--01056--001

****122.50 ****122.50

OFFICE USE ONLY

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

1. MARTIN INSURANCE GROUP INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)



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2:00



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Photocopy



Certificate of Status

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

FILED
98 JUL 15 PM 12:47
SECRETARY OF STATE
TALLAHASSEE FLORIDA

98 JUL 15 AM 11:15
DIVISION OF CORPORATION

Examiner's Initials

ARTICLES OF INCORPORATION

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 the corporation shall be:

MARTIN INSURANCE GROUP INC.

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ARTICLE II PRINCIPAL OFFICE

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

1560 East 8 Avenue, Hialeah, Florida 33010

ARTICLE III SHARES

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

Five Hundred
(500)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MAGALI M. MARTIN
1560 East 8 Avenue,
Hialeah, Florida 33010

ARTICLE V INCORPORATORS(S)

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

MAGALI M. MARTIN 1560 East 8 Avenue,
Hialeah, Florida 33010

ARTICLE VI DIRECTOR(S)

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

MAGALI M. MARTIN 1560 East 8 Avenue,
Hialeah, Florida 33010
President/Vice Pres./ Treasurer/
Secretary.

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 13th day of JULY 1998

X 
SIGNATURE

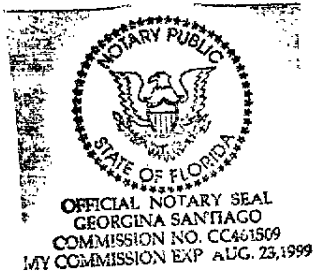
SIGNATURE

SIGNATURE

SIGNATURE

STATE OF FLORIDA)
COUNTY OF DADE)

The foregoing instrument was acknowledged before me this
13th day of July, 1998 by
who is personally known to me or who has produced 702# 17-635-553-72
as Identification and who did (did not) take an oath. 745-0.



Georgina Santiago
Notary Public

GEORGINA SANTIAGO
Typed or Printed Name of Notary

My commission expires on:

STATE OF FLORIDA)
COUNTY OF DADE)

The foregoing instrument was acknowledged before me this
____ day of _____, 19____ by _____
who is personally known to me or who has produced _____
as Identification and who did (did not) take an oath.

Notary Public

Typed or Printed Name of Notary.

My commission expires on:

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/ REGISTERED OFFICE

Pursuant to the provision of sections 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/registered agent, in the State of Florida.

1.- The name of the Corporation is: _____

MARTIN INSURANCE GROUP INC.

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

MAGALI M. MARTIN

(NAME)

1560 East 8 Avenue,
(P.O.BOX NOT ACCEPTABLE)

Hialeah, Florida 33010

(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 _____

July 10. 1998

FILED
198 JUL 15 PM 12:47
SECRETARY OF STATE
TALLAHASSEE FLORIDA