Secretary of State Division of Corporations P. O. Box 6327 Talahassee, FL 32314

RC: SECURED INSURANCE UNDERWRITERS, Inc. name of corporation)

Gentlemen:

Enclosed please find the original and one copy of Articles of Incorporation, together with my check in the amount of \$122.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours,

	DIMILLA, INC. (name of corporation)
-	(name of corporation)
١	MAILING ADDRESS OF CORPORATION
	1021 NE 144 ST.
	N. MIAMI, FL 33/6/
	(305) 947-8062
	Area Code Number Ext

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ARTICLES O	F INCORPORATION	1
1111102100	of .	
SECURED INSURANCE (name	UNDERWRITERS	, INC.
. (name	to corporation).	to contract hereby form a
The undersigned subscriber(s) to these Articles of Inco corporation under the laws of the State of Florida.	rporation, natural person(s) competent	
ARTICLE I -	CORPORATE NAME	
The name of the corporation is: SECURED NSURANCE.	UNDERWRITERS	, Inc. 1528
	E II - DURATION	S Q
This corporation shall exist perpetually unless dissol	ved according to Florida law.	· '
	E III - PURPOSE	
The corporation is organized for the purpose of engagunated States and the State of Florida.	ging in any activities or business perm	itted under the laws of the
ARTICLE I	V - CAPITAL STOCK	
The corporation is authorized to issue Five Hur	VDRED shares (500) of	ONE
Dollar(s) (\$	mon Stock, which shall be designate	d "Common Shares."
	EGISTERED OFFICE AND AGEN	
The street address of the Initial Registered Agent off	ice and the name of the Initial Registe	ered Agent at that office is:
NAME JUAN J. DELVALL ADDRESS 1921 NW 33 AVR		
ADDRESS $/92/76035700$	FLORIDA	zip <i>33125</i>
The principal office, if known, or the mailing adres	ss of the corporation is:	
NAME Secured Insurance	e Underwriters, I,	ne
ADDRESS 1921 NW 33 AVE		
CITY M'am',	FLORIDA	ZIP 33/25
	TIAL BOARD OF DIRECTORS	
_	Ve directors initially. The number By-Laws, but shall never be less than	er of directors may be either one (1). The names and
NAME JUAN J. DELUK	PHE JR.	
ADDRESS 1921 NW 33 Aue.		
CITY MIAMI	STATE FLORE	IDA ZIP 33/25
NAME		
ADDRESS		*
CITY	STATE	ZIP

ZIP

NAME

ADDRESS

ARTICLE VII - INCORPORATORS

DDRESS 1921 NW 33 AVE. TY MIAMI	•	
TY MIAMI		***
	STATE FL	zir 33/25
ME		,
DDRESS		
ΙΥ	STATE	ZIP.
ME	•	
DDRESS	· ·	
ry	STATE	ZIP
N WITNESS WHEREOF, the undersigned subscriber(s) I ay of June, 1998.	have executed these Articles of	Incorporation this $2^{\mu\nu}$.
	Gunfalla	(Seal
·		(Seal
		(Seal
OUNTY OF DADE. Solution of the second of th	ments in the State and County	set forth above, personally
Signature,	D414-430-61-2	CC. FLATIDL
	Form of Identif	acation
Signature	Form of Identif	ication
Signature	To service of	
nown to me and known to be the person(s) who executed the for	on, that I relied upon the form of	ı. who acknowledged before
e thatexecuted these Articles of Incorporation med personas indicated opposite each name, and that an opposite each name, and that are opposite each name, and the opposite each name, are opposite each name, and the opposite each name, are opposite each name, and the opposite each name, are opposite each name, and the opposite each name, are opposite each name, and the opposite each name, are opposite each name, are opposite each name, and the opposite each name, are opposite each name, and the opposite each name, are opposite each name, are opposite each name, are opposite each name, and the opposite each name, are opposite each	oath was not taken.	

CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT

OF

DIVISION OF TAKED

98 AUG 28 PM 1:27

SECURED HSURANCE UNDERWRITERS, INC.

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted: The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at 1921 NW 33 Ave.

NIAMI, FZ 33125.

has named JUAN J. DELUALLE JR.

located at the aforesaid address, as its Registered Agent to accept service of process within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

(registered agent)