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OFFIGE USE ONLY (Cocument)	10104
L ZARUS CORPORATE FILING SERVICE, INC.	
(Requestor's Name) 3320 S.W. 87th AVENUE	
(Address)	800026554586 -10/05/9801067001 *****78.75 ******78.75
MIAMI, FLORIDA (305)552-5973 (City, State, Zip) (Phone #)	**************************************
LOCAL REPRESENTATIVE TALLAHASSEE	OFFICE USE ONLY
CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):	
1 ISLA INSURANCE, CO	^
(Comparation Name)	(Document #)
2. Translation 15 Aug 101 SUNANCE COVA SE	
3. (Corporation Name)	(Document #)
4. (Comparation Name) (Document #)	
(components)	
Mail out Will wait Photocopy Certificate of Status	
NEW FILINGS AMENDMENTS	
Profit Amendment	
NonProfit Resignation of R.A., Officer/Director	
. Limited Liability Change of Registered Agent	
Domestication Dissolution/W	/ithdrawal
Other Merger	
OTHER FILNGS REGISTRATION/ QUALIFICATION	
Annual Report ANDO 45 NOIS AND Foreign	
Fictitious Name Limited Partr	nership
Name Reservation Reinstatemen	nt /
Tracemark	
Other	Examiner's Initials

ARTICLES OF CORPORATION

Of

ISLA INSURANCE, CORP.

The undersigned subscriber to these Articles of Corporation, a natural person competent to contact, hereby forms a corporation under the laws of the State of Florida.

ARTICLE I, CORPORATE NAME

The name of the corporation is ISLA INSURANCE, CORP.

ARTICLE II, DURATION

The corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III, PURPOSE

This corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States of America.

ARTICLE IV, CAPITAL STOCK

The corporation is authorized to issue one hundred (100) shares of ten (10) par value Common stock, which shall be designated "Common Shares".

ARTICLE V, INITIAL REGISTERED OFFICE AND AGENT

The name and street address of the Initial Registered Office and Agent of this Corporation is:

ISRAEL MENDEZ 1554 W 68 ST HIALEAH, FL 33014

The principal address and the registered office of the Corporation are the same.

ARTICLE VI, INITIAL BOARD OF DIRECTORS

This corporation shall have (1) director initially. The number of directors may be either increased or diminished from time to time by the By-laws, but shall never be less than one (1). The name and address of the person serving as director until a successor is elected is:

NAME:

ADDRESS:

Israel Mendez,

1554 W 68 St

President and Secretary

Hialeah, Fl 33014

Vice-president and treasurer.

ARTICLE VII, THE NAME AND ADDRESS OF THE SOLE INCORPORATOR:

NAME:

ADDRESS:

Israel Mendez

1554 W 68 St Hialeah, Fl 33014

ARTICLE VIII, CERTIFICATE AND AKNOWLEDGEMENT OF REGISTERED AGENT OF ISLA INSURANCE, CORP.

Pursuant to Florida Statues Sections 48.091 and 607.034, 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 Corporations at:

1554 W 68 ST, HIALEAH, FL 33014

has named ISRAEL MENDEZ, located at the aforesaid address, as its registered agent, to accept service of process within this state.

AKNOWLEDGEMENT

I, ISRAEL MENDEZ, hereby accept the designation of registered agent in the State of Florida for ISLA INSURANCE, CORP., and hereby agree to serve as the agent of process in this capacity.

Israel Mendez – registered agent

State of Florida

| State of Florida | State of Florida | State of Florida | State of Florida | State of Florida | State of Florida | State of Florida | State of Florida | State of Florida | State of Florida | State of Florida | State of Florida | State of Florida | State of Florida | State of Florida | State of Florida | State of Florida | State of Florida | State of Florida | State of Florida | State of Florida | State of Florida | State of Florida | State of Florida | State of Florida | State of Florida | State of Florida | State of Florida | State of Florida | State of Florida | State of Florida | State of Florida | State of Florida | State of Florida | State of Florida | State of Florida | State of Florida | State of Florida | State of Florida | State of Florida | State of Florida | State of Florida | State of Florida | State of Florida | State of Florida | State of Florida | State of Florida | State of Florida | State of Florida | State of Florida | State of Florida | State of Florida | State of Florida | State of Florida | State of Florida | State of Florida | State of Florida | State of Florida | State of Florida | State of Florida | State of Florida | State of Florida | State of Florida | State of Florida | State of Florida | State of Florida | State of Florida | State of Florida | State of Florida | State of Florida | State of Florida | State of Florida | State of Florida | State of Florida | State of Florida | State of Florida | State of Florida | State of Florida | State of Florida | State of Florida | State of Florida | State of Florida | State of Florida | State of Florida | State of Florida | State of Florida | State of Florida | State of Florida | State of Florida | State of Florida | State of Florida | State of Florida | State of Florida | State of Florida | St

I hereby certify that on this 30^{-4} day of September 1998, personally appeared before me Israël Mendez, who exhibited his drivers license as identification, and made the above affirmation under acknowledgement, and who executed the aforesaid Articles of Corporation.

PAULINO MATOS
Notary Public - State of Florida
My Commission Expires Nov 16, 2001
Commission # CC696467

PAULINO MATOS