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Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number : (850) 487-6013

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335

Phone : (305) 599-0839

Fax Number : (305) 716-0346

FLORIDA PROFIT CORPORATION OR P.A.

SR INSURANCE ASSOCIATES CORP. II

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

W-23581



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

October 16, 1998

FAS-T CORP. AGENTS

SUBJECT: SR INSURANCE ASSOCIATES CORP. II
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ARTICLES OF INCORPORATION
OF
SR INSURANCE ASSOCIATES CORP. II

THE UNDERSIGNED, has executed the following document as incorporator of the above named corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the law of the State of Florida.

ARTICLE I

The name of the corporation shall be:

SR INSURANCE ASSOCIATES CORP. II

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and purposes proposed to be transacted and carried on by this corporation are to do any and all of the things therein mentioned, as fully and to the same extent as natural persons might do, viz:

PREPARED: ANA DALMAU ARES
3636 S.W. 87TH AVENUE
MIAMI FL. 33165
305-448-2072

- (1) Transact any and all lawful business,
- (2) Said corporation shall further have powers:

To have perpetual succession by its corporate name,

SR INSURANCE ASSOCIATES CORP. II

ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 50 shares, having an individual par value of \$10.00

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

ARTICLE V

The street address of the initial registered office and the name of the initial Resident Agent of this corporation shall be:

LUIS A. GONZALEZ
11470 SW 28 STREET
MIAMI, FL. 33165

The principal office shall be:

14989 S. DIXIE HWY
MIAMI, FL. 33176

ARTICLE VI

The initial Board of Directors shall consist of a total of (2) person, and the name and address is:

LUIS A GONZALEZ
11470 SW 28 STREET
MIAMI, FL 33165

PRESIDENT
SECRETARY-TREASURER


MARIA A LOGREIRA
14926 SW 89 LANE
MIAMI FL 33196

VICE-PRESIDENT

The name and address of the incorporator executing these Articles of Incorporation is:

LUIS A GONZALEZ
14989 S DIXIE HWY
MIAMI, FL. 33176

IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation, this 15th day of OCTOBER, 1998.



LUIS A GONZALEZ

**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:

SR INSURANCE ASSOCIATES CORP. II


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

**LUIS A GONZALEZ
11470 SW 28 STREET
MIAMI, FL. 33165**

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

A handwritten signature, appearing to be "Luis A. Gonzalez", is written over a horizontal line. The signature is in dark ink and is somewhat stylized.

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