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Secretary of State
Division of Corporation

Tallahase, Fla.

98 DEC 14 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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RE. INSURANCE R U.S. CORPORATION

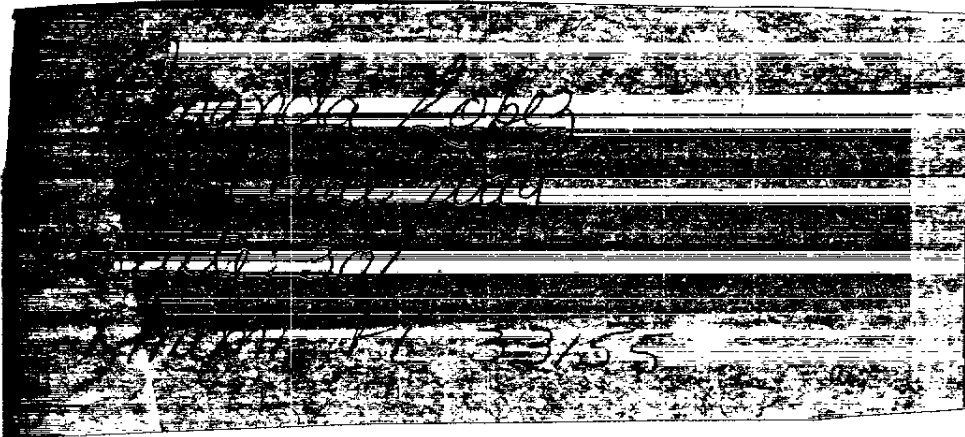
Gentelman:

Enclosed herewith are Articles of Incorporation for the proposed
Corporation indicated above.

Please prepare a certified copy of said articles of Incorporation
endorse your approval thereon, and return the copy to me.

Enclosed is also a check.

Thank you



P. Helt

DEC 17 1998



ARTICLES OF INCORPORATION
OF
INSURANCE R U.S. CORPORATION

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, acting as incorporator of INSURANCE R. US. CORPORATION under the Florida Business Corporation Act, adopts the following Articles of Incorporation.

ARTICLE I

NAME

The name of the Corporation is: INSURANCE R U.S. CORPORATION

ARTICLE II

DURATION

The duration of the Corporation will be perpetual.

ARTICLE III

PURPOSE

The general purpose or purposes for which the Corporation is organized is to transact any and all lawful business for which a corporation may be incorporated under the Florida Business Corporation Act.

ARTICLE IV

MAILING ADDRESS

The mailing address of the Corporation shall be:
7171 Coral Way
Suite: 301
Miami, FL 33155

ARTICLE V

AUTHORIZED SHARES

The maximum number of shares that the Corporation is authorized to issue is Ten Thousand (10,000) shares of common stock without par value. The Board of Directors shall determine the consideration for each share of common stock to be issued, consisting of any tangible or intangible property or benefit to the Corporation, including cash, promissory notes, services performed or promises to perform services evidenced by a written contract.

ARTICLE VI

INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the Corporation is
7171 Coral Way
Suite: 301
Miami, FL 33155

Corporation's initial registered agent at that address is:
AMANDA LOPEZ

ARTICLE VII

INCORPORATOR

The name and street address of the incorporator is:

NAME	ADDRESS
Amanda Lopez	7171 Coral Way Suite: 301
	Miami, FL 33155

ARTICLE VIII

INDEMNIFICATION

To the extent permitted by law, the Corporation shall indemnify any person who was or is a party to any proceeding by reason of the fact that he is or was a director, officer, employee, or agent of the Corporation or is or was serving at the request of the Corporation as a director, officer, employee, or agent of another corporation, partnership, joint venture, trust or other enterprise against liability incurred in connection with such proceeding, including any appeal thereof, if he acted in good faith and in a manner he reasonably believed to be in, or not opposed to, the best interest of the Corporation and, with respect to any criminal action or proceeding, had no reasonable cause to believe his conduct was unlawful. The Corporation shall reimburse each person for all costs and expenses, including attorneys' fees, reasonably incurred by him in connection with any such liability in the manner provided for by law or in accordance with the Corporation's Bylaws.

The rights accruing to any person under the foregoing provision shall not exclude any other right to which he may be lawfully entitled, nor shall anything therein contain or restrict the right of the Corporation to indemnify or reimburse such person in any proper case even though not specifically provided for herein.

IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation.

Amanda Lopez
Incorporator

STATE OF FLORIDA)
) SS :
COUNTY OF DADE)

Before me, the undersigned authority, personally appeared - AMANDA Perez Lopez
producing F.L. D/L. 112 0015 50 506-0 _____ to me well known to be
the person described in and who executed and subscribed to the foregoing Articles of
Incorporation, and she acknowledged before me, that she executed the same and
subscribed to the same for the purposes therein expressed.

WITNESS my hand and official seal at Miami, Dade County, Florida,

~~Notary Public, State of Florida~~

My Commission Expires: OFFICIAL NOTARY SEAL
ELIO OLIVA
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. CC445341
MY COMMISSION EXP APR. 26, 1999

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT / REGISTERED OFFICE

FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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: INSURANCE R. U.S. CORPORATION

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

AMANDA LOPEZ

(Name)

7171 CORAL WAY SUITE: 301

(P.O. Box or Mail Drop Box NOT Acceptable)

MIAMI, FLA 33155

(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.

Amanda Lopez
(SIGNATURE)

Dec. 10 98
(DATE)