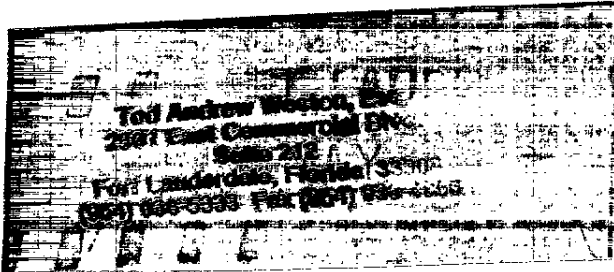


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Office Use Only

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

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

FILED
99 MAY -5 AM 9:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input 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

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ARTICLES OF INCORPORATION

FILED

OF

99 MAY -5 AM 9:50

APPLE INSURANCE AGENCY OF BROWARD, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation is APPLE INSURANCE AGENCY OF BROWARD, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business of this corporation shall be 2501 S. Ocean Drive, Hollywood, Florida 33019.

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is 1000 shares at \$1.00 par value.

ARTICLE IV TIME

The period of the duration of this corporation is perpetual unless dissolved according to law.

ARTICLE V PURPOSE

The purpose for which the corporation is organized is to conduct any lawful business allowed in the State of Florida. The Articles of Incorporation along with the By-Laws of said corporation will govern.

ARTICLE VI DIRECTORS

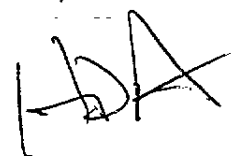
The number constituting the initial Board of Directors of the corporation is one (1), and the name(s) and address(es) of the person(s) who are to serve initially are:

Hector DeArmas, 2501 S. Ocean Drive. #523, Hollywood, Florida 33019.

ARTICLE VII

The name and address of the incorporator is:

Hector DeArmas, 2501 S. Ocean Drive. #523, Hollywood, Florida 33019.



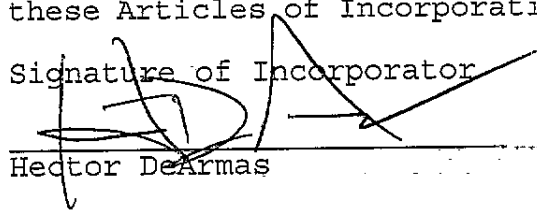
ARTICLE VIII REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Hector DeArmas, 2501 S. Ocean Drive. #523, Hollywood, Florida
33019.

IN WITNESS WHEREOF, the undersigned incorporator has executed
these Articles of Incorporation this 29 day of APRIL 1999.

Signature of Incorporator

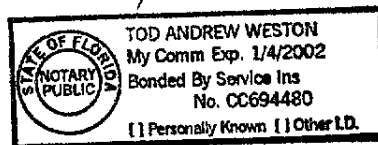

Hector DeArmas

State of Florida
County of Broward

THE FOREGOING instrument was acknowledged and sworn to before me
this 29th day of April 1999.

NOTARY

My Commission Expires:



CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.0501, Florida Statutes, the undersigned corporation, organized under 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 corporation is: APPLE INSURANCE AGENCY OF BROWARD, INC.

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

Hector DeArmas, 2501 S. Ocean Drive.. #523, Hollywood, Florida 33019.

Signature

(corporate officer)

Title: President

Date:

4-29-99

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:

4-29-99

REGISTERED AGENT FILING FEE: \$35.00

FILED
99 MAY -5 AM 9:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA