OFFICE SE ONLY (Detiment #) LAZARUS CORPORATE FILING SEE (Requestor's Name) 3320 S.W. 87th AVENUE (Address) MIAMI, FLORIDA (305)552-5 (City, State, Zip) (Phone	973	1000(-05	02871111-6 5/11/99-01015-011 ****78.75 *****78.75
LOCAL REPRESENTATIVE TALLAHA	SSEE	OFFICE USE ONLY	
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(Corporation Name) Walk in Pick up time Mail out Will wait	Photocopy	(Document #) Certified Copy Certificate of Status	PM 1:33 OF STATE EFFLORIDA
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NonProfit		A., Officer/Director	
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Examiner's Initials

ARTICLES OF INCORPORATION

99 MAY 11 PM 1: 33
SECRETARY OF STATE
TALLAHASSEE FLORIDA

OF

WEST SUNSET INSURANCE, INC.

ARTICLE I - NAME

The name of this corporation is	
WEST SUNSET INSURANCE,	INC.

ARTICLE II - DURATION

This corporation shall have perpetual existence, unless sooner dissolved in accordance with the laws of the State of Florida.

ARTICLE III - PURPOSE

This corporation is organized for the purpose of transacting any and all business permitted under the laws of the United States and of the State of Florida.

ARTICLE IV - CAPITAL STOCK

This corporation is authorized to issue one hundred (100) shares of no par value common stock, which shall be designated "Common Stock".

ARTICLE V - PREEMPTIVE RIGHTS

Every shareholder, upon the sale for cash of any new stock of this corporation of the same kind, class or series as that which he already holds, shall have the right to purchase his pro rata share thereof (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this corporation is 9485 SUNSET DRIVE, Suite A205, MIAMI, FL 33173

and the name of the initial registered agent of this corporation is MARIA FEREIRA

ARTICLE VII - INITIAL BOARD OF DIRECTORS

This corporation shall have two director(s) initially.

The number of directors may be either increased or diminished from time to time by the bylaws but shall never be less than ONE.

The name and address(es) of the initial director(s) of this corporation is (are):

 MARIA FEREIRA
 President
 12851 S.W. 65th TERR

 Miami, Fl. 33183

 MARIA FACENDA
 Secretary
 7679 N.W. 3rd ST.

 Miami, Fl. 33126
 Miami, Fl. 33126

ARTICLE VIII - INDEMNIFICATION

The corporation shall indemnify any officer or director, or any former officer or director, to the full extent permitted by law.

ARTICLE IX - INCORPORATOR

The name(s),	address(es) and	stock ownership	of the person(s)	
signing these arti	cles is (are):			
MARIA FEREIRA 90%	· <u>·1</u> <u>M</u> .	2851.S.W. 65 th T lami, FL 33183	ERR.	<u></u>
MARIA FACENDA 10%	<u>7</u> .	679 N.W. 3 rd ST. iami, FL 33126		· ·
IN WITNESS WH	EREOF, the unders:	igned subscriber	(s) has (have)	
executed these art:	icles of incorpora	ation this 3rd	day of	<u>-</u> -
May ,199	99.			

MARIA FEREIRA

MARIA FACENT

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THE STATE OF FLORIDA, NAMING AGENT UPON WHOM SERVICE OF PROCESS MAY BE EFFECTIVE

in compliance with section 607.034 of the Florida Statutes,
the following is submitted: WEST SUNSET INSURANCE, INC.
desiring to organize or qualify under the laws of the State of
Florida, with its principal place of business in the City of
Miami, County of Dade, State of Florida, has named
MARIA FEREIRA located at
9485 SUNSET DRIVE, Suite A205 City of Miami, County of Miami Dade
State of Florida as its agent to accept service of process within
the State of Florida.
ACKNOWLEDGMENT
Having been named to accept service of process for the above mentioned corporation, at the place designated in this Certificate, I hereby agree to act in this capacity, and further agree to comply with the provisions of all Statues relative to the proper and complete performance of my duties. Dated this 3 rd day of May 19982
Resident and Registered Agent OF &