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Florida Department of State

Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 922-4001

From:

Account Name : TIMOTHY W. ROSS, P.A.
Account Number : 076535002461
Phone : (305) 442-1700
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FLORIDA PROFIT CORPORATION OR P.A.

Hemispheric Underwriting Managers, Inc.

Certificate of Status	1
Certified Copy	0
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TALLAHASSEE, FLORIDA

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**ARTICLES OF INCORPORATION
HEMISPHERIC UNDERWRITING MANAGERS, INC.**

The undersigned, acting hereby as Incorporator of a corporation under the Florida General Corporation Act, adopts the following Articles of Incorporation for such operation:

I. NAME OF INCORPORATION

The name of this corporation shall be HEMISPHERIC UNDERWRITING MANAGERS, INC.

II. PURPOSES

The general nature and purposes of business to be transacted, promoted and carried on by the corporation are as follows:

- A. To engage in business endeavors allowable by the laws of the State of Florida.
- B. To do everything necessary and proper in accomplishing the purposes herein set forth and to do anything incidental thereto which is not forbidden under the laws of the State of Florida.

III. CAPITAL STOCK

A. The maximum number of shares of stock that the corporation is authorized to have outstanding at any time shall be 5000 shares of common stock at one dollar (\$0.10) per share par value.

B. The consideration to be paid for each share shall be payable in lawful money, property, labor or services.

IV. DURATION

The corporation shall have a perpetual existence.

V. REGISTERED AGENT

The street address, principal office and mailing address of this corporation's initial registered office is: 7801 Los Pinos Boulevard, Coral Gables, Florida 33143-6451, and the name of its initial

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Timothy W. Ross, Esq./Fla. Bar #436641
2900 SW 28th Terrace, 7th Floor, Miami, FL 33133
Tel: (305) 441-2470/Fax: (305) 442-2559

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registered agent at said address is John H. Blake.

VI. INCORPORATOR

The name and address of the Incorporator is as follows: John H. Blake, 7801 Los Pinos Boulevard, Coral Gables, Florida 33143-6451.

VII. BOARD OF DIRECTORS

The corporation shall have a Board of Directors consisting of one person. The number of Directors may be increased or decreased from time to time by a resolution of the majority of the Stockholders but shall never be less than one. The name and address of the initial Director of this corporation is: John H. Blake, 7801 Los Pinos Boulevard, Coral Gables, Florida 33143-6451.

VIII. INFORMAL SHAREHOLDER ACTION

Any action of the Shareholders may be taken without a meeting if consent in writing setting forth the action so taken shall be signed by all the Shareholders entitled to vote upon such action at a meeting and filed with the Secretary of the corporation as part of the corporate records.

IX. INFORMAL DIRECTOR ACTION

If all of the Directors severally or collectively consent in writing to any action taken or to be taken by the corporation, and the writings evidencing their consent are filed with the Secretary of the corporation, the action shall be as valid as though it had been authorized at a meeting of the Board of Directors.

X. NON-RESIDENT DIRECTORS

Directors need not be residents of this State or Shareholders unless the Articles of Incorporation or Bylaws so require.

XI. MEETINGS BY CONFERENCE TELEPHONE

Members of the Board of Directors may participate in special meetings of the Board of

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Directors by means of conference telephone or similar communications equipment as provided by law but regular meetings of the Board of Directors must be attended in fact in person by each Director.

XII. INDEMNIFICATION

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

XIII. BYLAW AMENDMENT

The power to adopt, alter, amend or repeal the bylaws of this corporation shall be vested in the Board of Directors and Stockholders provided that such amendment be in compliance with the laws of Florida governing Corporations.

IN WITNESS WHEREOF, the undersigned Incorporator has executed these Articles of Incorporation in the State of Florida, this 25th of June, 1999.


Incorporator, John H. Blake


Registered Agent, John H. Blake

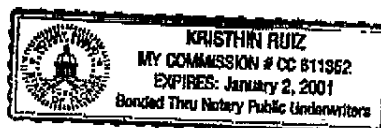
STATE OF FLORIDA
COUNTY OF DADE

BEFORE ME, the undersigned authority, personally appeared John H. Blake who is personally known to me X or who has produced identification _____, type of identification _____, and who executed the foregoing Articles of Incorporation, and be acknowledged to and before me that he executed such instrument.

IN WITNESS WHEREOF, I have hereunto set my hand and seal at Miami in the said County and State, this 25th of June, 1999.


NOTARY PUBLIC
State of Florida

My Commission Expires:



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DESIGNATION OF REGISTERED AGENT AND REGISTERED OFFICE

Pursuant to Florida Statutes Section 607.0501, the corporation named below hereby designates the person or corporation named below to serve as the corporation's registered agent for service of process with the State of Florida:

NAME OF CORPORATION : HEMISPHERIC UNDERWRITING MANAGERS, INC.
 NAME OF REGISTERED AGENT : John H. Blake
 ADDRESS OF REGISTERED AGENT : 7801 Los Pinos Boulevard
 Coral Gables, Florida 33143-6451

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ACCEPTANCE OF APPOINTMENT BY REGISTERED AGENT

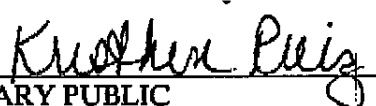
The undersigned hereby accepts and agrees to the foregoing designation of the undersigned as registered agent for the above named corporation this 25th day of June, 1999.


 John H. Blake

STATE OF FLORIDA
 COUNTY OF DADE

BEFORE ME, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared JOHN H. BLAKE, personally known to me ☒ or who has produced identification _____, type of identification _____, to be the person who executed the foregoing Certificate Designating Registered Agent and Registered Office, and he acknowledged before me that he executed same for the purposes and in the capacities set forth therein.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal in the State and County aforesaid this 25th day of June, 1999.


 NOTARY PUBLIC
 State of Florida

My Commission Expires:

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