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OFFICE USI DALY (Doct tent #)	2100/01
LAZARUS CORPORATE FILING SERVICE, INC	
3320 S.W. 87th AVENUE	
(Address)	
MIAMI, FLORIDA (305)552-5973	
(City, State, Zip) (Phone #)	TAT 99
LOCAL REPRESENTATIVE TALLAHASSEE	OFFICE USE ONLY
CORPORATION NAME(S) & DOCUMEN	T NUMBER(S) (if known):
1. VIP INSUPANCE (Corporation Name)	AGENCY #2 INCHE P
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2. (Corporation Name)	(Document #)
3.	
(Corporation Name)	(Document #) 5 2 9
4. (Corporation Name)	(Document#)
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Mail out Will wait Photocopy Certificate of Status	
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	MENDMENTS
Profit Amend	ment
NonProfit Resign	ation of R.A., Officer/Director
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Other	Examiner's Initials

ARTICLES OF CORPORATION

ARTICLE I

NAME

THE NAME OF THIS CORPORATION IS VIP INSURANCE AGENCY #2 and the mailing address is 300 S.W. 12 AVE SUITE-332 B, MIAMI FL 33130



ARTICLE II

DURATION

This corporation shall have a perpetual existence, unless dissolved according to the law.

ARTICLE III

PURPOSE

This corporation is organized for the purpose of transacting any or all business for which corporation may be incorporated under the Florida General Corporation Act.

ARTICLE IV

CAPITAL STOCK

This corporation is authorized to issued Five Hundred (500) shares of the One Dollar (1.00) Per Value common stock, which shall be designated "COMMON SHARES."

ARTICLE V

INITIAL REGISTER OFFICE

The street address of the initial registered office of this corporation is 300 S.W. 12 AVE SUITE-332 B. MIAMI, FL., 33130., and the name of the initial registered agent of this corporation at that address is HILDA ENRIQUEZ.

ARTICLE VI

INITIAL BOARD

This corporation shall have (1) (one) director (s) initially. The number of director (s) may be either increased or decreased from time to time by the By-Laws, but shall never be less than one. The name (s) and address (es) of the initial director (s) of this corporation is / are:

HILDA ENRIQUEZ 300 S.W. 12 AVE SUITE-332 B MIAMI FL 33130

ARTICLE VII

INDEMNIFICATION

To the full extent permitted by law, the corporation shall indemnify each person made or threatened, pending or completed action, suit, or proceeding, whether civil, criminal, administrative or investigative (including, one in the right of the corporation to procure a judgment on its favor) by reason of fact that her or his testator or interstate, is or was a director, officer employee or agent of the corporation or served any other corporation, partnership, join venture, trust, or other enterprises in any capacity, at the corporation.

ARTICLE VIII

OFFICERS

The officer (s) of this corporation shall be as follows:

HILDA ENRIQUEZ GRISELL RAMIL President - Treasurer Vice President - Secretary

ARTICLE IX

INCORPORATOR (S)

The name (s) and address (es) of the incorporator (s) to these Article of Incorporation is / are as follows:

HILDA ENRIQUEZ 300 S.W. 12 AVE SUITE- 332 B MIAMI, FL 33130 CERTIFICATE DESIGNATION PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

In pursuance of chapter 48.091 Florida Status, the following is submitted, in compliance with said Act:

First – Tthat, VIP INSURANCE AGENCY #2. INC.

desiring to organize under the laws of the State of Florida with its principal office, at 300 S.W.

12 AVE SUITE-332 B, COUNTY OF DADE, STATE OF FLORIDA has

name HILDA ENRIQUEZ

located at 300 S.W. 12 AVE SUITE-332 B , CITY OF MIAMI, COUNTY OF DADE, STATE OF FLORIDA, as its agent to accept service of process of within this state.

Having been named to accept service of process of the above stated corporation, at place designated in this certificate, I hereby accept to act in this capacity, and agree to comply with the provision of said Act relative to keeping open said office.

By:

HILDA ENRIQUEZ REGISTER AGENT

STATE OF FLORIDA)
COUNTY OF DADE)

BEFORE ME, notary public authorized to take acknowledgments in the state and county set forth above personally appeared HILDA ENRIQUEZ. known to me and known by me to be the person who executed the foregoing Article of Incorporation, and they acknowledged before me that the executed those Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the state and county aforesaid this __9___ day of __DECEMBER_____, 1999.

MY COMMISSION EXPIRES:

OFFICIAL NOTARY SEAL
JOSE M RAMIL
COMMISSION NUMBER
CC719695
MY COMMISSION EXPIRES
MAR. 12,2002

ASECRETARY OF THE SO