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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

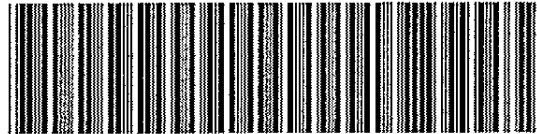
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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: One Insurance, Inc.

(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Josie Hilera

(Name of Person)

Goldman Antonetti & Córdova, P.S.C.

(Firm/Company)

P.O. Box 70364

(Address)

San Juan, Puerto Rico 00936-8364

(City/State and Zip code)

For further information concerning this matter, please call:

Jorge Souss, Esq.

(Name of Person)

at (787) 759-8000 ext. 3309

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

\$70.00 Filing Fee

\$78.75 Filing Fee &
Certificate of Status

\$78.75 Filing Fee &
Certified Copy

\$87.50 Filing Fee,
Certificate of Status &
Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. One Insurance, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

One Insurance Group, Inc.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Puerto Rico 3. 660-038 6857
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. June 21, 2006 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. N/A
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. Los Muchachos Bldg., 204 San Francisco St., San Juan, P.R. 00901
(Principal office address)

PO Box 9024048, San Juan, PR 00902-4048
(Current mailing address)

8. Insurance broker agent.
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Anthony Mirabal

Office Address: Atrium at Coral Gables

1500 St. Remo Ave. Suite 247B, Florida 33146
(City) (Zip code)

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TALLAHASSEE, FLORIDA

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Ramón A. Pérez Domínguez

Address: 108 Cruz St., Apt. 2-A, San Juan PR 00901

Vice Chairman: Ricardo del Campillo

Address: Calle Cipres E-12, Urb. La Arboleda, Guaynabo, PR 00966

Director: Ramón A. Pérez Blanco

Address: 128 Mimosa St. Santa María, San Juan, PR 00926

Director: Arturo Ortiz

Address: Urb. Romany, 1863 San Joaquín, San Juan, PR 00926-5333

B. OFFICERS

President: Ramón A. Pérez Domínguez

Address: 108 Cruz St., Apt. 2-A, San Juan, PR 00901

Vice President: Ramón A. Pérez Blanco

Address: 128 Mimosa St. Santa María, San Juan, PR 00926

Ricardo del Campillo - Calle Cipres E-12, Urb. La Arboleda, Guaynabo, PR 00966

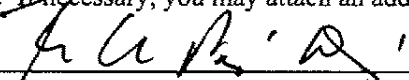
Secretary: Arturo Ortiz

Address: Urb. Romany, 1863 San Joaquín, San Juan, PR 00926-5333

Treasurer: Carmiña Suárez

Address: Calle Tolosa 295, Urb. College Park, San Juan, PR 00921

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

✓ 13. 
(Signature of Director or Officer listed in number 12 of the application)

14. RAMÓN A. PÉREZ DOMÍNGUEZ - CHAIRMAN
(Typed or printed name and capacity of person signing application)



COMMONWEALTH OF PUERTO RICO
DEPARTMENT OF STATE
SAN JUAN PUERTO RICO

I, **FERNANDO J. BONILLA**, Secretary of State of the Commonwealth of Puerto Rico,

CERTIFY: That "ONE INSURANCE, INC." register number 163,114, is a profit corporation organized under the laws of Puerto Rico on **June 21, 2006 at 3:55 p.m.**

This certification does not imply that this corporation has filed the annual reports, pursuant to the requirement of Article 15.01 of the General Corporation Act. If you need to know if such reports have been filed, you must request a Certificate of Good Standing.

IN WITNESS WHEREOF, the undersigned by virtue of the authority vested by laws, hereby issue this certificate in the City of San Juan, Puerto Rico today **November twenty-eighth of the year two-thousand and six.**

A handwritten signature in black ink that reads "Fernando J. Bonilla".

FERNANDO J. BONILLA
Secretary of State

FJB/rsr
0381621