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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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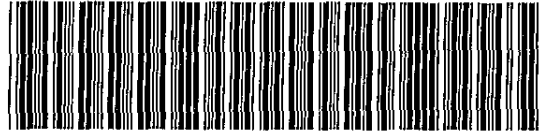
(Business Entity Name)

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03 OCT 31 PM 2:43
DEPT. OF STATE
REGISTRATION
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 OCT 31 PM 2:46

15/31/03

Law Offices
COLODNY, FASS, TALENFELD, KARLINSKY & ABATE, P.A.

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Tallahassee Office
204 South Monroe Street
Tallahassee, Florida 32301
Telephone: (850) 577-0398
Facsimile: (850) 577-0385

Reply to: Fort Lauderdale

October 30, 2003

Florida Secretary of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

Re: Advanced Insurance Coverages, Inc.
Our File No. 03-191

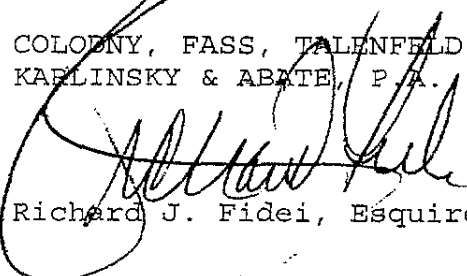
Dear Sir or Madam:

Enclosed please find Articles of Incorporation for Advanced Insurance Coverages which we submit for filing and our firm's check in the amount of \$87.50 to cover the filing fee. Please provide me with a certified copy of the Articles of Incorporation and a Certificate of Status after it has been filed.

Should you have any questions, please do not hesitate to contact me.

Very truly yours,

COLODNY, FASS, TALENFELD,
KARLINSKY & ABATE, P.A.



Richard J. Fidei, Esquire

RJF:jrg

Enclosure

ARTICLES OF INCORPORATION
OF
ADVANCED INSURANCE COVERAGES, INC.

FILED
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DIVISION OF CORPORATIONS
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In compliance with the requirements of F.S. Chapter 607, the undersigned being a natural person, hereby acts as an incorporator adopting and filing the following articles of incorporation for the purpose of organizing a business corporation.

ARTICLE I

The name of the corporation shall be: ADVANCED INSURANCE COVERAGES, INC. Its business shall be carried on in the State of Florida, in the United States of America, and elsewhere, as may be authorized by its Board of Directors.

ARTICLE II

The general nature of the business to be transacted by the corporation shall be to engage in any and all business permitted under the laws of the State of Florida and elsewhere.

ARTICLE III

The maximum number of shares that the Corporation is authorized to have outstanding at any time shall be Five Hundred (500) shares at no par value.

ARTICLE VI

The street address of the principal office of this Corporation will be 700 W. Hillsboro Boulevard, Building No. 3, Suite 206, Deerfield Beach, Florida 33441.

ARTICLE V

The initial street address of the Corporation's registered office is 700 W. Hillsboro Boulevard, Building No. 3, Suite 206, Deerfield Beach, Florida 33441. The initial registered agent for the Corporation at that address is Pamela B. Gerald.

ARTICLE VI

The names and addresses of the first Board of Directors, who shall hold office for the first year of the corporation's existence, or until their successors are elected and have qualified, are as follows:

<u>NAME</u>	<u>ADDRESS</u>
Curtis Lund	555 Corporate Drive Kalispell, MT 59901
P. Michael Jones	555 Corporate Drive Kalispell, MT 59901
Pamela B. Gerald	700 W. Hillsboro Boulevard Building No. 3, Suite 206 Deerfield Beach, Florida 33441
Theresa Johnston	555 Corporate Drive Kalispell, MT 59901
Elaine Sather	555 Corporate Drive Kalispell, MT 59901

ARTICLE VII

The name and street address of the person signing these Articles of Incorporation is Pamela B. Gerald, 700 W. Hillsboro Boulevard, Building No. 3, Suite 206, Deerfield Beach, Florida 33441.

CERTIFICATE DESIGNATING PLACE OF BUSINESS FOR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

ARTICLE VIII

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

First. ADVANCED INSURANCE COVERAGES, INC., desiring to organize under the laws of the State of Florida with its registered office indicated in the Articles of Incorporation at 700 W. Hillsboro Boulevard, Building No. 3, Suite 206, Deerfield Beach, Florida 33441 has named Pamela B. Gerald, as its agent to accept service of process within

this state. The undersigned is familiar with and accepts the obligations of that position pursuant to F.S. 607.0501(3).

ACKNOWLEDGMENT:

Having been named to accept service of process for ADVANCED INSURANCE COVERAGES, INC., at place designated in this Certificate, I hereby accept to act in this capacity, and agree to comply with the provisions of said Act relative to keeping open said office.



Pamela B. Gerald, Resident Agent

ARTICLE IX

The Corporation shall indemnify its directors and officers to the fullest extent permitted by law.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 23rd day of October, 2003.



Pamela B. Gerald, Incorporator

STATE OF FLORIDA :
: ss.
COUNTY OF BROWARD :

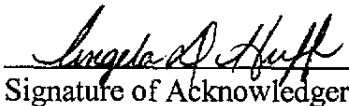
The foregoing instrument (Articles of Incorporation for ADVANCED INSURANCE COVERAGES, INC.) was acknowledged before me this 23rd day of October, 2003, by Pamela B. Gerald, who is personally known to me or who has produced Driver's License as identification.

My commission expires: Jan. 21, 2007



Angela D. Huff
MY COMMISSION # DD178892 EXPIRES
January 21, 2007
BONDED THRU TROY FAIN INSURANCE, INC.

(Seal)


Signature of Acknowledger

ANGELA D. HUFF
Typed/Printed Name of Acknowledger

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