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N. Culligan APR 25 2005

IRA L. KAHN
ATTORNEY AT LAW
2514 Hollywood Boulevard, Suite 300
Hollywood, Florida 33020

Telephone (954) 925-8222
Facsimile (954) 925-4440

ATTORNEY
CERTIFIED PUBLIC ACCOUNTANT

April 18, 2005

Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

RE: Eagle Insurance of South Miami, Inc.

Gentlemen:

Enclosed is an original and conformed copy of the Articles of Incorporation for the above referenced corporations, along with a check for $70.00 payable to the Florida Department of State.

Please send a date stamped copy of the articles of incorporation of the above referenced corporation to:

Ira L. Kahn, Esq.
2514 Hollywood Blvd., Ste. 300
Hollywood, FL 33020
(954) 925-8222

Thank you for your cooperation with this matter.

Sincerely,

Ira L. Kahn, Esq.

Enclosures

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TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION

EAGLE INSURANCE OF SOUTH MIAMI, INC.

The undersigned subscriber to these Articles of Incorporation, a natural person competent to contract, hereby subscribes and forms a corporation for profit under the Laws of Florida.

ARTICLE I - NAME

The name of this corporation is:

EAGLE INSURANCE OF SOUTH MIAMI, INC.

ARTICLE II - NATURE OF BUSINESS

This corporation may engage in any activity or business permitted under the laws of the United States and of this State.

ARTICLE III - CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is One Million (1,000,000) shares of Common Stock. The par value of each share of stock is $1.00.

ARTICLE IV - INITIAL CAPITAL

The amount of the capital with which this corporation shall begin business is One Thousand Dollars ($1,000.00).

ARTICLE V - CORPORATE EXISTENCE

This corporation shall have perpetual existence.

ARTICLE VI - ADDRESS

The initial street address of the principal office of this corporation in the State of Florida is 9642 Coral Way, Miami, Florida 33165.

ARTICLE VII - MANAGEMENT

The business of the corporation shall be managed by the by a Board of Directors.

ARTICLE VIII - SUBSCRIBER

The name and address of the initial subscriber to these Articles of Incorporation and the number of shares outstanding are:

Name and Address	Shares
Maribel Meite 9257 SW 37 Street Miami, Florida 33165-4121	500
Trace Cox 6651 Falconsgate Ave Davie, Fl 33331	250
Larry Shershevcky 3208 NE 40th Court Fort Lauderdale, Florida 33308	250

OFFICERS

The name and address of the officers of this corporation are as follows:

Name and Address	Office
Trace Cox 6651 Falconsgate Ave Davie, Fl 33331	President
Maribel Meite 9257 SW 37 Street Miami, Florida 33165-4121	Vice President, Treasurer
Larry Shershevsky 3208 NE 40th Court Fort Lauderdale, Florida 33308	Secretary

IN WITNESS WHEREOF, We, the subscribers, have executed these Articles of Incorporation this 13 day of April, 2005.

Trace Cox, President

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

BEFORE ME, the ~~undersigned~~ authority, personally appeared Trace Cox who is/are personally known to me _____ or has produced _____ as identification, to be the individual described in and whom executed the foregoing Articles of Incorporation, and have acknowledged before me that he executed the same for the purposes therein expressed.

IN WITNESS WHEREOF, I have hereunto affixed my hand and official seal this 13 day of April, 2005.

_____
NOTARY PUBLIC

My commission expires:

_____
PRINTED NAME OF NOTARY PUBLIC

Ira L. Kahn
Commission #DD238957
Expires: Sep 17, 2007
Bonded Thru
Atlantic Bonding Co., Inc

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

IN COMPLIANCE WITH SECTION 48.091, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED:

FIRST--THAT **EAGLE INSURANCE OF SOUTH MIAMI, INC.**, DESIRING TO ORGANIZE OR QUALIFY UNDER THE LAWS OF THE STATE OF FLORIDA WITH ITS PRINCIPAL PLACE OF BUSINESS AT CITY OF CORAL GABLES, STATE OF FLORIDA, HAS NAMED TRACE COX, LOCATED AT 9642 CORAL WAY, MIAMI, FLORIDA 33165, AS ITS RESIDENT AGENT TO ACCEPT SERVICE OF PROCESS WITHIN FLORIDA.

SIGNATURE Trace Cox
TRACE COX (CORPORATE OFFICER)

TITLE PRESIDENT

DATE 4/13/05

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED ORGANIZATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES.

SIGNATURE Trace Cox
TRACE COX, REGISTERED AGENT
9642 Coral Way, Miami, Fl 33165

DATE 4/13/05

FILED
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TALLAHASSEE, FLORIDA