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(Address)

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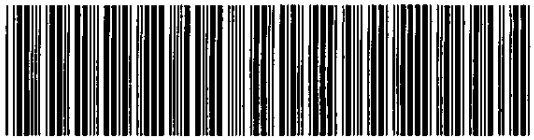

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FILED
08 SEP 29 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS 9/29

# MAMIE WASHINGTON KENDALL, P.A.

ATTORNEY & COUNSELOR AT LAW

341 S.E. 2nd St. Belle Glade, Florida 33430-3439 PH: 561-992-4208
FAX: 561-992-0338


September 19, 2008

Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

**RE:** ***Tru Auto Insurance, Inc.***

Dear Sir or Madam:

Please find the attached for filing:

_X_ Articles of Incorporation.

Please provide my office with a certified copy of the Articles.

Your fees are enclosed.

If there are questions please advise.

Sincerely,

Mamie W. Kendall

Mamie Washington Kendall, Esquire

MWK:lr

Enclosure

FILED

08 SEP 29 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

# ARTICLES OF INCORPORATION

# OF

# TRU AUTO INSURANCE, INC.

The undersigned subscriber to these Articles of Incorporation, a natural person competent to contract, hereby forms a corporation under the laws of the State of Florida.

## ARTICLE I.
## NAME

The name of this corporation shall be: **TRU AUTO INSURANCE, INC.**

## ARTICLE II.
## NATURE OF BUSINESS

This corporation may engage in or transact any and all lawful activities or business permitted under the laws of the Untied States, State of Florida, or any other state, county, territory or nation.

## ARTICLE III.
## CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one times is 1000 shares of common stock having a part value of $1.00 per share.

## ARTICLE IV.
## ADDRESS

The street address of the initial registered office of the corporation shall be 349 N.W. 16th Street, Belle Glade, Florida 33430, and the name fo the initial Registered Agent for the corporation at that address is: **SABRINA BRYANT.**

## ARTICLE V.
## SPECIAL PROVISIONS

The stock of this corporation is intended to qualify under the requirements of Section 1244 of the Internal Revenue Code and the regulations issued thereunder. Such actions as may be necessary shall be deemed to have been taken by the appropriate officers to accomplish this compliance.

## ARTICLES VI.
## TERMS OF EXISTENCE

This corporation shall exist perpetually.

## ARTICLE VII.
## LIMITATION OF LIABILITY

Each director, stockholder and officer, in consideration for his services, shall, in the absence of fraud, be indemnified, whether then in office or not, for the reasonable cost and expenses incurred by him in connection with the defense of, or for advice concerning any claim asserted or proceeding brought against him by reason of his being or having been a director, stockholder or officer of the corporation or of any subsidiary of the corporation, whether or not wholly owned, to the maximum extent permitted by law. The foregoing right of indemnification shall be include of any other rights to which any director, stockholder or officer may be entitled as a matter of law.

## ARTICLE VIII.
## SELF DEALING

No contract of other transaction between the corporation and other corporations, I the absence of fraud, shall be affected or invalidated by the fact that any one or more the directors of the corporation is or are interested in a contract ore transaction, or are directors or officers of any other corporation, and any director or directors, individually or jointly, may be a party or parties to, or may be interest in such contract, act or transaction, or any way connected with such person or person's firm or corporation, and each and every person who may become a director of the corporation is hereby relieved from any liability that might otherwise exist from this contracting with the corporation of the benefit of himself or any firm, association or corporation in which he may be in any way interested. Any director fo the corporation may vote upon any transaction with the corporation without regard to the fact that he is also a director of such subsidiary or corporation.

This corporation shall have a minimum of TWO (2) directors. The initial Board of Directors shall consist of: **SABRINA BRYANT and BOBBY BRYANT, SR.**, who shall own said corporation as follows:

**SABRINA BRYANT - 75%**

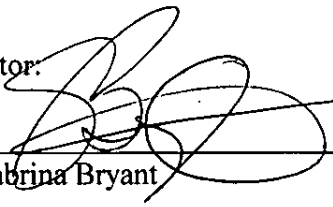
**BOBBY BRYANT, SR. - 25 %**

## ARTICLE IX.
## INCORPORATION

The name and address of the incorporator is: **SABRINA BRYANT, 349 N.W. 16th Street, Belle Glade, Florida 33430.**

**IN WITNESS WHEREOF**, the undersigned has hereunto set her hand and seal on this 17 day of September, 2008.

Incorporator:



Seal

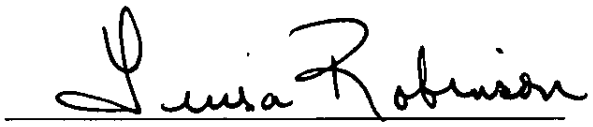
Sabrina Bryant

**STATE OF FLORIDA**

**COUNTY OF PALM BEACH**

**BEFORE ME** the undersigned authority, personally appeared, **SABRINA BRYANT**, to me known to be the person who executed the foregoing Articles of Incorporation, and she acknowledges to and before me that she executed such instrument.

**IN WITNESS WHEREOF**, I have hereunto set my hand and seal this 17 day of September, 2008.



Notary Public

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:

The following is submitted in compliance with the laws of the State of Florida, a corporation organizing under the laws of the State of Florida, with is principal office located at 349 N.W. 16th Street, Belle Glade, Florida 33430 has named, **SABRINA BRYANT**, whose address is 349 N.W. 16th Street, Belle Glade, Florida 33430 as its Agent to accept service of process within this State.

ACCEPTANCE

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION 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.

Registered Agent:

Sabrina Bryant

STATE OF FLORIDA

COUNTY OF PALM BEACH

**BEFORE ME**, the undersigned authority, this day personally appeared, **SABRINA BRYANT**, who, after being duly sworn, deposes and says that the facts and matters contained above are true and correct, and that she has executed the same for the purposes expressed herein. Who is personally known to me or has produced F.D.L. as identification.

WITNESS my hand and official seal this 17 day of September, 2008.

Luisa Robinson

Notary Public

Luisa Robinson
Commission # DD346222
Expires September 25, 2008
Bonded Troy Fain - Insurance, Inc. 800-385-7019

FILED
08 SEP 29 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA