

PC98000038418

Date 4-23-98

Secretary of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

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-04/28/98--01006--015  
\*\*\*\*122.50 \*\*\*\*122.50

Re: ALL-INSURED SAFE DRIVERS, Inc.  
(name of corporation)

Gentlemen:

Enclosed please find the original and one copy of Articles of Incorporation, together with my check in the amount of \$122.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours,

DION MOODLEY  
(individual's name)

98 APR 27 PM 3:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

DIMILLA INC.  
(name of corporation)

MAILING ADDRESS OF CORPORATION

1021 NE 144 STREET

N. MIAMI, FL 33161

PHONE

(305) 947-8062

Area Code

Number

Ext.

P. Hall  
APR 28 1998  
4

ARTICLES OF INCORPORATION

of  
ALL-INSURED SAFE DRIVERS, INC.  
(name of corporation)

FILED

98 APR 27 PM 3:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

ARTICLE I - CORPORATE NAME

The name of the corporation is:

ALL-INSURED SAFE DRIVERS, INC.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue FIVE HUNDRED shares (500) of ONE Dollar(s) (\$ 1) par value Common Stock, which shall be designated "Common Shares."

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:

NAME	<u>JUAN J. DELVALLE JR.</u>		
ADDRESS	<u>1921 NW 33 AVE.</u>		
CITY	<u>MIAMI</u>	<u>FLORIDA</u>	ZIP <u>33125</u>

The principal office, if known, or the mailing address of the corporation is:

NAME	<u>ALL-INSURED SAFE DRIVERS, INC.</u>		
ADDRESS	<u>1921 NW 33 AVE.</u>		
CITY	<u>MIAMI</u>	<u>FLORIDA</u>	ZIP <u>33125</u>

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have 1 (ONE) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	<u>JUAN J. DELVALLE JR.</u>		
ADDRESS	<u>1921 NW 33 AVE</u>		
CITY	<u>MIAMI</u>	STATE <u>FLORIDA</u>	ZIP <u>33125</u>
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

**ARTICLE VII - INCORPORATORS**

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	JUAN J. DELVALLE JR.		
ADDRESS	1921 NW 33 AVE.		
CITY	MIAMI	STATE	FL ZIP 33125
NAME			
ADDRESS			
CITY		STATE	
NAME			
ADDRESS			
CITY		STATE	

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 27<sup>th</sup> day of March, 1998.

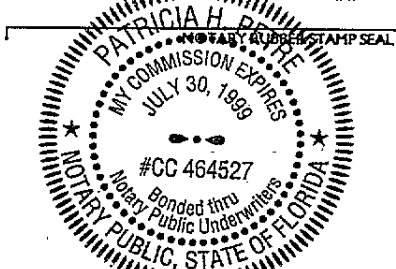
+ Juan Delvalle Jr. (Seal)  
 \_\_\_\_\_ (Seal)  
 \_\_\_\_\_ (Seal)

STATE OF FLORIDA )  
 COUNTY OF DADE ) SS

before me, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared:

+ Juan Delvalle Jr. Signature      D414-430-61-222. Form of Identification  
 \_\_\_\_\_ Signature      \_\_\_\_\_ Form of Identification  
 \_\_\_\_\_ Signature      \_\_\_\_\_ Form of Identification

known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, who acknowledged before me that \_\_\_\_\_ executed these Articles of Incorporation, that I relied upon the form \_\_\_\_\_ of identification of the above named person, as indicated opposite each name, and that an oath was not taken.



Witness my hand and official seal in the County and State last aforesaid this 27 day of MARCH, 1998.  
 \_\_\_\_\_ Notary Signature  
PATRICIA H. PETREE Printed Notary Signature

CERTIFICATE AND ACKNOWLEDGEMENT  
OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT

OF

FILED

98 APR 27 PM 3:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ALL-INSURED SAFE DRIVERS, INC.

(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:  
The above corporation, desiring to organize under the laws of the State of Florida with  
its registered office as indicated in the Articles of Incorporation

at 1921 NW 33 AVE.

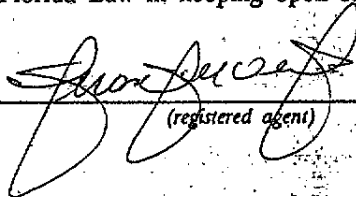
MIAMI, FL 33125

has named JUAN J. DELVALLE JR.

located at the aforesaid address, as its Registered Agent to accept service of process  
within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above  
stated corporation at the place designated in this certificate, and being familiar with  
the obligations of that position, I hereby accept to act in this capacity, and agree to  
comply with the provisions of Florida Law in keeping open said office.

  
\_\_\_\_\_  
(registered agent)