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TO: DIVISION OF CORPORATIONS FROM: EMPLOYER COMPANY
STATE OF FLORIDA
409 EAST BAY STREET
TALLAHASSEE, FL 32300
FAX: (904) 922-4000

1422 W. FLAGLER ST.
SUITE 200
MIAMI FL 33135-
CONTACT: RAY STORMONT
PHONE: (305) 541-3694
FAX: (305) 541-3770

(((H96000002732)))
DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.
NAME: ALLSTATE FINANCIAL CORPORATION
FAX AUDIT NUMBER: H96000002732
DATE REQUESTED: 02/20/1996
CERTIFIED COPIES: 1
NUMBER OF PAGES: 0
ESTIMATED CHARGE: \$122.50

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TIME REQUESTED: 17:14:47

CERTIFICATE OF STATUS: 0

METHOD OF DELIVERY: FAX

ACCOUNT NUMBER: 072450003255

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DIVISION OF CORPORATIONS

2/26

FILED
96 FEB 27 PM 1:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Prepared By:
Ellen Kracoff, Esq.
2220 State Road 84, Suite 302
Davie, Florida 33324
FLA BAR #326569
(505) 474-0101

CERTIFICATE OF INCORPORATION

OF

ALLSTATE FINANCIAL CORPORATION

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

96 FEB 27 PM 1:55

FILED

THE UNDERSIGNED subscriber(s) to these Articles of Incorporation, each a natural person, competent to contract, hereby associates themselves together to form a corporation for profit under the laws of the State of Florida; and further does agree to the following conditions of said corporation.

ARTICLE I: NAME & PRINCIPAL OFFICE

The name and principal office of the corporation are as follows:

ALLSTATE FINANCIAL CORPORATION
3183 NW 85th Avenue
Coral Springs, Florida 33065

ARTICLE TWO: NATURE OF BUSINESS

This corporation is organized for the following purpose or purposes: to engage in any and all business ventures and transactions allowable under any and all applicable state and federal laws and all things related thereto and for the purpose of transacting any and all lawful business.

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ARTICLE III: CAPITAL STOCK

This corporation is authorized to issue a maximum of 500 shares of stock. The shares of stock authorized shall be common stock, having a par value of \$1.00 per share. The consideration to be paid for each share shall be fixed by the Board of Directors.

ARTICLE IV:**INITIAL REGISTERED AGENT AND INITIAL REGISTERED OFFICE**

The corporation's initial Registered Agent and Registered Office in the State of Florida shall be:

LISA KESSLER
3183 NW 85th Avenue
Coral Springs, Florida 33065

ARTICLE V: INITIAL BOARD OF DIRECTORS

The number of Directors may be altered from time to time by the By-Laws adopted by the Stockholders. However, the corporation shall have no less than one (1) director at any time. The name and office address of each member of the first Board of Directors are:

<u>Name</u>	<u>Address</u>
<u>LISA KESSLER</u>	<u>3183 NW 85th Avenue</u> <u>Coral Springs, Florida 33065</u>

The members of the first Board of Directors shall hold office until the first annual meeting of the stockholders of the corporation.

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ARTICLE VI: INCORPORATOR

The name and post office address of each Incorporator executing these Articles of Incorporation are as follows:

NAME**LISA KESSLER****ADDRESS**

**3183 NW 85th Avenue
Coral Springs, FL 33065**

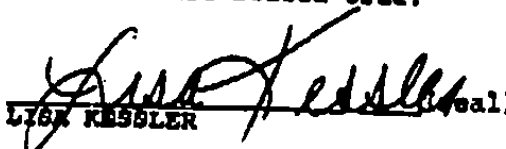
ARTICLE VII: AMENDMENTS

This corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any amendment thereto, and any right conferred upon the shareholder (s) is subject to this reservation.

ARTICLE VIII: COMMENCEMENT DATE

Corporate existence will commence on date Article of Incorporation are filed with the Secretary of State, State of Florida.

THE UNDERSIGNED Incorporators for the purpose of forming a corporation to do business within the State of Florida, do make and file these Articles of Incorporation, hereby declaring and certifying that the facts herein contained are stated true.


LISA KESSLER (Real)

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STATE OF FLORIDA
COUNTY OF BROWARD

BE IT REMEMBERED that on this day before me, a Notary Public, duly authorized in the State and County named above to take acknowledgements, personally LISA KESSLER, to me known to be the person (s) described as Incorporator(s) in the foregoing Articles of Incorporation and have acknowledged before me that they have executed said Articles of Incorporation.

WITNESS MY HAND and official seal at the County and State aforementioned, this ____ day of February, 1996

Notary Public
State of

My Commission Expires:

CERTIFICATE DESIGNATING REGISTERED AGENT

FOR SERVICE OF PROCESS

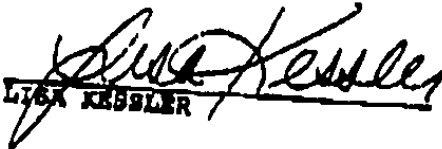
Pursuant to Chapter 487.091, Florida Statutes, the undersigned hereby designated LISA KESSLER whose address is 3183 NW 85th Avenue, Coral Springs, Florida 33065, as its Registered Agent to accept service of process with the State.

 (Seal)
LISA KESSLER

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THE UNDERSIGNED hereby accepts the foregoing designation as Registered Agent for service of process with the State of Florida, and agrees to comply with the provisions of the law applicable to said designation.


LISA KESSLER (Seal)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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