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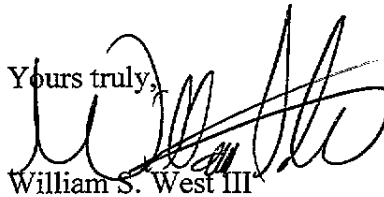
William S. West III
D/B/A WESTWINDS INSURANCE MARKETING, Inc.
497 Bayshore Dr.
Destin, FL 32541
July 11, 2000

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

900003323039--3
-07/14/00--01048--004
*****70.00 *****70.00

Subject: WESTWINDS INSURANCE MARKETING, Inc.

Enclosed please find an original and one copy of the articles of incorporation for the above corporation. I am also enclosing a check in the amount of \$70.00, \$35.00 for the filing fee and \$35.00 for the designation of registered agent. My daytime telephone number is (850) 837-6242.

Yours truly,

William S. West III

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

T BROWN JUL 19 2000

ARTICLES OF INCORPORATION
OF
WESTWINDS INSURANCE MARKETING, INC.

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

The undersigned, for the purpose of creating a corporation under the laws of the State of Florida, does hereby adopt the following Articles of Incorporation:

FIRST ARTICLE

The name of the corporation is WESTWINDS INSURANCE MARKETING, INC.

SECOND ARTICLE

The purpose of the corporation is to do any and all lawful business not inconsistent with the laws of the State of Florida.

THIRD ARTICLE

The corporation is authorized to issue One Thousand (1,000) shares of stock with a par value of one dollar (\$1.00) each. Such stock shall be of a single class.

FOURTH ARTICLE

The corporation's principal office is at 497 Bayshore Dr., Destin, Florida 32541

The corporation's mailing address is 497 Bayshore Dr., Destin, Florida 32541.

The registered office of the corporation is 497 Bayshore Dr., Destin, Florida, the same address as the corporation's principal office. The registered agent is William S. West III.

FIFTH ARTICLE

The names and addresses of the initial board of directors of the corporation are as follows:

William S. West III	497 Bayshore Dr. Destin, Florida 32541	President, Secretary and Treasurer
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SIXTH ARTICLE

These Articles of Incorporation may be amended in the manner provided by law. The presence, in person or by proxy, of shareholders holding of record fifty-one percent (51%) of the total number of shares of the Corporation, then issued and outstanding and entitled to vote, shall be necessary and sufficient to constitute a quorum for the transaction of any business at any meetings of shareholders of the Corporation.

SEVENTH ARTICLE

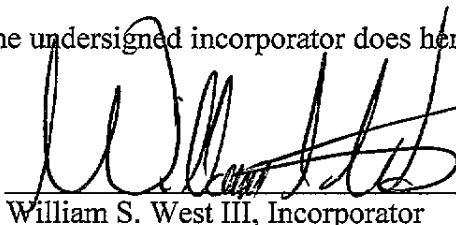
Any director may be removed with or without cause by a vote of the holders fifty-one percent (51%) of the shares then entitled to vote at a special meeting of the shareholders called for that purpose.

EIGHTH ARTICLE

The name and address of the incorporator is:

William S. West III
497 Bayshore Dr.
Destin, Florida 32541

IN WITNESS WHEREOF, the undersigned incorporator does hereby execute these Articles on June 6, 2000.



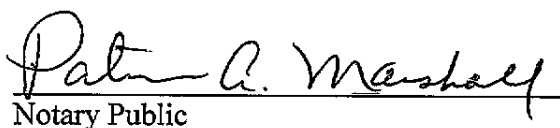
William S. West III, Incorporator

ACKNOWLEDGMENT

STATE OF FLORIDA

COUNTY OF OKALOOSA

Sworn to and subscribed before me, this 11 ^{July}th day of ~~June~~, 2000 by William S. West III, the undersigned officer, who personally appeared for the purpose of lawfully executing these Articles of Incorporation, and provided the following identification: Drivers Lic.



Notary Public

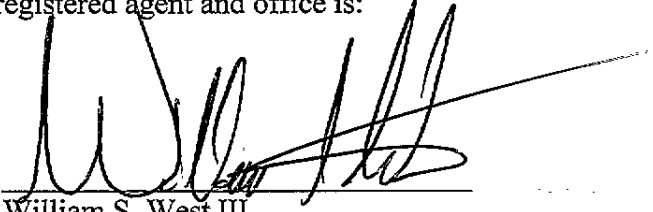
PATRICIA A. MARSHALL
Notary Public, State of Florida
My comm. expires Sept. 27, 2001
Comm. No. CC657924

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/ REGISTERED OFFICE**

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida, submits the following statement in designating the registered office/ registered agent, in the State of Florida.

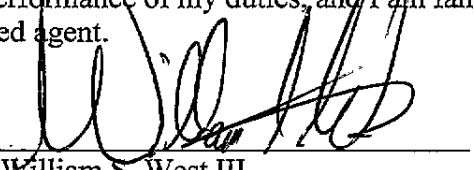
1. The name of the corporation is WESTWINDS INSURANCE MARKETING, Inc.
2. The name and address of the registered agent and office is:

William S. West III
497 Bayshore Dr.
Destin, Florida 32541



William S. West III
June 6, 2000

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



William S. West III
June 6, 2000

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00 JUL 14 AM 10:38
SECRETARY OF STATE
TALLAHASSEE FLORIDA