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

Re Arroy Villalon Jr Insurance Agency, 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,

Arroy Villalon Jr
(individual's name)
Arroy Villalon Jr

Arroy Villalon Jr Insurance Agency inc
(name of corporation)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 AUG 11 PM 2:08

8/17/00

ARTICLES OF INCORPORATION

of

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Aray Villalon Jr Insurance Agency Inc. 00 AUG 11 PM 2:08
(name of corporation)

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:

Aray Villalon Jr Insurance Agency 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 1000.- shares () of ONE Dollar(s) (\$ 1.-) par value Common Stock, which shall be designated "Common Shares".

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The name and street address of the Initial Registered Agent of this Corporation is:
The Corporations principal office and mailing address is:

NAME	<u>Aray Villalon Jr Insurance Agency Inc</u>		
ADDRESS	<u>13 Nicholas Phwy W.#A</u>		
CITY	<u>Cape Coral</u>	FLORIDA	FL ZIP <u>33991</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>Aray Villalon Jr</u>		
ADDRESS	<u>13 Nicholas Phwy W. #A</u>		
CITY	<u>Cape Coral</u>	STATE	FL ZIP <u>33991</u>
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

ARTICLE VII - INCORPORATORS

The names and addresses of the person(s) signing these Articles of Incorporation are as follows:

NAME	ANDY Villalon Jr		
ADDRESS	420 Emerald Cove Ln		
CITY	Cape Coral	STATE	FL ZIP 33991
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 3 day of August 2000.

Andy Villalon Jr (Seal)
 (Seal)
 (Seal)

STATE OF FLORIDA)
COUNTY OF Lee) SS

BEFORE ME, a Notary Public authorized to take acknowledgements in the State and County set forth above, personally appeared

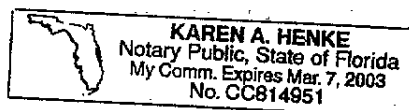
(Andy)
Andres Villalon Jr

known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, and who acknowledged before me that executed these Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal, in the State and County aforesaid, this 3 day of August 2000.

(Notary Seal)

Karen A Henke 8/3/00
(Notary Public, State of Florida at Large)
My commission expires:



CERTIFICATE AND ACKNOWLEDGEMENT
OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT
OF

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG 11 PM 2:08

Andy Villalon Jr Insurance Agency, Inc.
(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.034, 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 13 Nicholas Pkwy W. unit A

Cape Coral, FL. 33991

has named ANDY VILLALON

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

ACKNOWLEDGEMENT

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

[Signature]
(registered agent)