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TRANSMITTAL LETTER

FILED
00 AUG 31 PM 12:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Subject: UVO'S INSURANCE, INC
(Proposed Corporate Name)

600003378536--5
-08/31/00--01044--007
****131.25 *****87.50

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

$70.00 $78.75 $122.50 $131.25

FROM: WILSON UVO

Name (printed or typed)

7101 W. COMMERCIAL BLVD - SUITE 4C

Address

TAMARAC, FL 33319

City, State & Zip

954 718 4444

Daytime telephone number

954 718 4444

NOTE: Please provide the original and one copy of the articles

9-5
WC

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ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE 1 NAME

The name of the corporation shall be: UVO'S INSURANCE, INC

ARTICLE 11 PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 7101 W. COMMERCIAL BLVD - SUITE 4C
TAMARAC, FL 33319

ARTICLE 111 SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1000

Five hundred (1000) shares of common stock having a par value of one dollar ($1) each.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:
WILSON UVO
7101 W. COMMERCIAL BLVD - SUITE 4C
TAMARAC, FL 33319

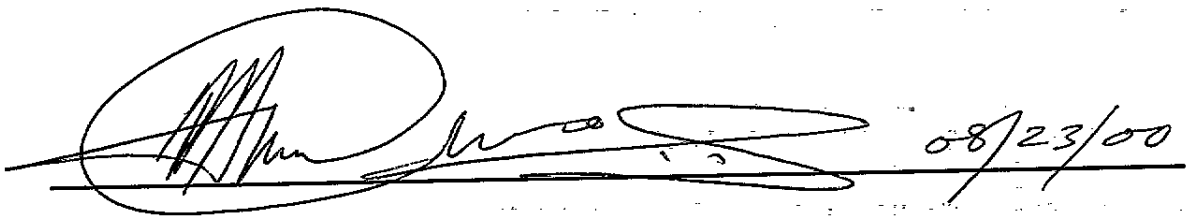
ARTICLE V

INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is (are):

WILSON UVO
7101 W. COMMERCIAL BLVD - SUITE 4C
TAMARAC, FL 33319

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this



Signature

Signature

Signature

CERTIFICATE OF DESIGNATION OF

REGISTERED AGENT/ REGISTERED OFFICE

PURSUANT TO THE PROVISION OF SECTION 607.0501 0R 617.0501, 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: UVO'S INSURANCE, INC

2. The name and address of the registered agent and office is:

WILSON UVO

Name

7101 W. COMMERCIAL BLVD - Suite 4G

(P.O. Box not acceptable)

TAMARAC, FL 33319

(City/State/Zip)

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.

Signature

08/23/00

Date

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