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To:

Division of Corporations

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From:

Account Name : CAPITAL CONNECTION, INC.

Account Number : 120000000257 Phone : (850)224-8870

Phone : (850)224-8870 Fax Number : (850)222-1222 SECRETARY OF SIATIONS
DIVISION OF CORPORATIONS

FLORIDA PROFIT CORPORATION OR P.A.

Riverside Insurance / Choice One Tags & Taxes, Inc.

Certificate of Status	0
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ARTICLES OF INCORPORATION

OF

Riverside Insurance / Choice One Tags & Taxes, Inc.

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

ARTICLE I: NAME

The name of the corporation is Riverside Insurance / Choice One Tags & Taxes, Inc.

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is 651 N. Andrews Avenue, Ft. Lauderdale, FL 33311.

ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one hundred (100) shares having a par value of (\$1.00) per share.

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ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is John W. Conness, 315 NE 3rd Ave., #201, Ft. Lauderdale, FL 33301.

ARTICLE V: INCORPORATOR

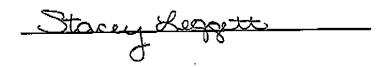
The name and address of the incorporator of these Articles of Incorporation is Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

ARTICLE VI: INITIAL BOARD OF DIRECTORS

The name and address of the initial Board of Directors of the corporation is Alyssa Schnagel, 651 N. Andrews Avenue, Ft. Lauderdale, FL 33311.

The undersigned has executed these Articles of Incorporation this 29th day of December 2000.

"Capital Connection, Inc. by Stacey Leggett, Client Representative"



CAPITAL CONNECTION 850 222 1222

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CAPITAL CONNECTION 850 222 1222

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12/26 '00 11:50 NO.536 03/03

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

pursuent to the provisions of section 607.0501, Florida Statutes, the mentioned 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. •		name of t Riverside	Insura	mce / Cho	ice One	тавь с	Tanco, 1	11 C P		'
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2.	The	name and	etro	rt addre:	se of t	the reg.	istered	agent a	ınd of	fice
z. ia:	The	name and	BEEGI	Coove	ss of t	3/5	少上 人	agent a	nd of	11co _#20/

HAVE BEEN MANED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I MEREBY 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.

