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TRANSMITTAL LETTER

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

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VPD Insurance Services, Inc.

Enclosed is an original and two (2) copies of the articles of incorporation and a check for

\$122.50 Filing Fee & Certified Copy \$131.25
Filing Fee,
Certified Copy
& Certificate

(ADDT'L COPY REQ'D)

(ADDŢ'L COPY REQ'D)

FROM:	Nellie Akalp	 	
	30141 Agoura Road, Suite 205 Agoura Hills, California 91301	 900003555 -01/19/01- *****78.75	<u> 01057-</u> -012

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SECRETARY OF STATE FALLAHASSEE FLORIDA

NOTE: Please provide the original and one copy of the articles. Provide TWO copies if you have requested a certified copy as designated in the boxes above.

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ARTICLES OF INCORPORATION VPD Insurance Services, Inc.

FILED 01 JAN 19 AMII: 39

SECRETARY OF STATE

TALLAHASSEE FLORIDA

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	<i>NAME</i>
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The name of the Corporation shall be: VPD Insurance Services, Inc

PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

9101 S. W. 8th Terrace Miami, Florida 33174

ARTICLE III **SHARES**

The number of shares that this corporation is authorized to have outstanding at any one time is: 1,500 at \$1.00 par value per share.

INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent is:

Valentina Diaz 9101 S. W. 8th Terrace Miami, Florida 33174

INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation is:

Nellie Akalp 30141 Agoura Road, Suite 205 Agoura Hills, California 91301

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.

alentina Diaz, Registered Ager