TRANSMITTAL LETTER

PO1000114638

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

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

500004700805--9 -11/30/01--01068--016 *****78.75 *****78.75

SUBJECT: ASSET ASSURANCE POTECTION INC

\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Sta	atus	\$78.75 Filing Fee & Certified Co		Fee, ied Copy tificate of		
FROM:	MARIA 8525 Mia (305)	Name () A City, S	Narar Printed or typed) 133 (ddress L 33 (State & Zip 1 - 588 (5 83	SECRETARY OF STATE TALLAHASSEE, FLORIDA	01 NOV 30 PM 3: 00	FILED
	305	-	clephone number	(HM)	_		

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

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	
ARTICLE I NAME The name of the corporation shall be: ASSET ASSURANCE PROTECTS	I'ON FNC
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 8525 SW 133 PL, MIAMI FIA	33/83
ARTICLE III PURPOSE The purpose for which the corporation is organized is: ///SURANCE SALES	
ARTICLE IV SHARES The number of shares of stock is:	FILI 01 NOV 30 SECRETARY (
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): MARIA V. Narano President	OPM 3: 00
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: MARIA V. NATANIO 8525 SW 133 PLACE, MIAMI HA 33	183
The name and address of the Incorporator is: MARIA V. NATANO 8525 SW 133 PLACE, MIAMI HA 33	183
Gaving been named as registered agent to accept service of process for the above stated corporation certificate, I am familiar with and accept the appointment as registered agent and agree to act in this Signature/Registered Agent	n at the place decimated in this
Signature/Incorporator	<u>バ/ シフ/ ひ)</u> Date