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CHUCK MOGBO, P.A.

Certified Public Accountant

Suite 209 2800 W. Oakland Park Blvd. Oakland Park, FL 33311 Tel (954) 739-4669 Tel (954) 739-1966 Fax (954) 739-0889

November 27, 2002

Department of State Division of Corporations 406 East Gaines Street Tallahassee, Fl 32399

Dear Sirs,

RE: ARTICLE OF INCORPORATION FOR: A-1 ABLE CHOICE INSURANCE, INC.

Enclosed are Articles of Incorporation along with check for \$78.75, re A-1 ABLE CHOICE INSURANCE, INC.

Please return to our offices (at the above-mentioned address), as soon as it is completed in the enclosed air express envelope (airbill #: 1763661454).

If I can be of further assistance, please call me at (954) 739-4669 or (954) 739-1966.

Sincerely,

CHUCK MOGBO, C.P.A.

ARTICLES OF INCORPORATION

FOR

A-1 ABLE CHOICE INSURANCE, INC.

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

ARTICLE 1- NAME

The name of the corporation shall be: A-1 ABLE CHOICE INSURANCE, INC.

ARTICLE II- PRINCIPAL OFFICE

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

973 NW 27TH AVENUE FORT LAUDERDALE, FL 33311

ARTICLE III- CAPITAL STOCK

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

100,000 SHARES HAVING A PAR VALUE OF ONE DOLLAR (\$1.00) PER SHARE. THE CONSIDERATION TO BE PAID FOR EACH SHARE OF STOCK SHALL BE FIXED BY THE BOARD OF DIRECTORS.

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

CHUCK MOGBO, P.A. 2800 W. OAKLAND PARK BLVD. SUITE 209 OAKLAND PARK, FL 33311 DIVISION OF CORPORATIONS

ARTICLE V - INCORPORATOR(S)

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

Linda Olopade 5020 NW 17th Street Lauderhill, Fl 33313

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

22 ND day of NOVEMBER, 2002.

Signature

STATE OF FLORIDA COUNTY OF BROWARD

Before me, the undersigned authority, duly authorized to administer oaths and take acknowledgments, personally appeared the subscriber(s), who after first being duly sworn, executed the foregoing Certificate of Incorporation, freely and voluntarily for the purpose therein expressed.

In witness whereof, I have hereunto set my hand and official seal at Fort Lauderdale, said county

and state, this 22 md day of November , 2002.

Commission # DD0114084

Expires 5/2/2006

Bonded through

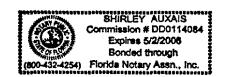
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NOTARY PUBLIC

State of Florida

at Large

My commission expires:



ARTICLE VI - NATURE OF BUSINESS

This Company is incorporated to engage in or transact any or all lawful activities of business permitted under the laws of the United States, the State of Florida, or any other State, County, Territory or Nation.

ARTICLE VII-TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE VIII- OFFICERS

The name(s) and post office address(es) of the members of the Board of Directors and officer(s) who shall hold office for the corporation is (are) as follows:

Linda Olopade/President 5020 NW 17th Street Lauderhill, FI 33313

ARTICLE IX - BYLAWS

The Bylaws of this Corporation may be adopted, altered, amended or repealed by either the Shareholders or Directors.

ARTICLE X - INDEMNIFICATION

This Corporation shall indemnify any Officer or Director, or any former Officer or Director, to the fullest extent permitted by law.

ARTICLE XI - PREEMPTIVE RIGHTS

Every Shareholder, upon the sale for cash of any new stock of this Corporation of the same kind, class or series as that which he already holds, shall have the right to purchase his prorata share thereof (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

ARTICLE XII - AMENDMENT

This Corporation reserves the right to amend or repeal any provision contained in these Articles of Incorporation, in accordance with the provisions of the Florida Business Corporation Act.

CERTIFICATE OF DESIGNATION REGISTERED/AGENT REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501, Florida Statutes, the Undersigned Corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered agent/registered office, in the state of Florida.

The name of the corporation is: A-1 ABLE CHOICE INSURANCE, INC.

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

CHUCK MOGBO, P.A. 2800 W. OAKLAND PARK BLVD. SUITE 209 OAKLAND PARK, FL 33311

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 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 OBLIGATION OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

CHUCK MOGBO/PRESIDENT

DATE: 11/22/02

A-I ABLE CHOICE INSURANCE, INC.

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