

P05000074138

Division of Corporations

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Florida Department of State
Division of Corporations
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Division of Corporations
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From:
Account Name : HNBCCO
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FLORIDA PROFTT CORPORATION OR P.A.

A.R.A. Insurance Inc.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

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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.

FILED
2005 MAY 20 A 9 56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

A.R.A. Insurance Inc.

ARTICLE II PRINCIPAL OFFICE

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

A.R.A. Insurance Inc.
583 Tallwood Street
Marco Island, FL 34145

ARTICLE III SHARES

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

1,500 Shares at No Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Anthony J. Iannotta
583 Tallwood Street
Marco Island, FL 34145

Prepared By:
Bruce B. Hubbard
77 East John St.
Hicksville, New York 11801
1-516-935-3940

ARTICLES V INITIAL OFFICER(S)/DIRECTOR(S)

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

**Armando Diaz - President
441 Northwest 52nd Avenue
Miami, FL 33126**


ARTICLES VI INCORPORATOR(S)

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

**Armando Diaz
441 Northwest 52nd Avenue
Miami, FL 33126**

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

20th day of May 2005.



Armando Diaz - Signature

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE
UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF
FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE
REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: A.R.A. Insurance Inc.

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

Anthony J. Iannotta

Name

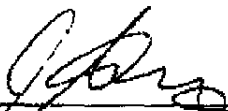
583 Tallwood Street

(P.O. Box or Mail Drop Box NOT Acceptable)

Marco Island, FL 34145

(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 the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.



Anthony J. Iannotta
SIGNATURE

May 20, 2005

(Date)