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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 205-0381

From: Account Name : YOUR CAPITAL CONNECTION, INC.
Account Number : I20000000257
Phone : (850) 224-8870
Fax Number : (850) 224-7047

APPROVED
AND
FILED
05 MAY 20 PM 10:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA PROFIT CORPORATION OR P.A.
ASSET INSURANCE GROUP INC**

Certificate of Status	0
Certified Copy	1
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CAPITAL CONNECTION

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: **ASSET INSURANCE GROUP INC.**

ARTICLE II PRINCIPAL OFFICE

The principal place of business/trading address is: **209 N FEDERAL HWY
POMPADOR BEACH, FL 33062**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **INSURANCE SALES**

ARTICLE IV SHARES

The number of shares of stock is: **1**

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

**PRESIDENT: TRUDI RICH
9044 NW 6 CT
PLANTATION, FL 33324**

**VICE PRESIDENT:
JOYCE GARRIDO
625 NW 48 AVE
PODGERFIELD BCH,
FL
33442**

ARTICLE VI REGISTERED AGENT

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

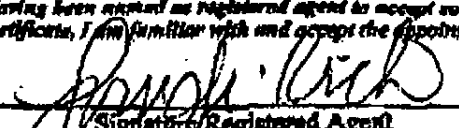
**TRUDI RICH
9044 NW 6 CT
PLANTATION FL 33324**

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

**TRUDI RICH
9044 NW 6 CT
PLANTATION, FL 33324**

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Signature/Registered Agent

3/20/05
Date


Signature/Incorporator

3/20/05
Date

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