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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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA PROFIT CORPORATION OR P.A.

PROTECTION INSURANCE COMPANY

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**ARTICLES OF INCORPORATION
OF
PROTECTION INSURANCE COMPANY**

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: NAME

The name of the corporation is **PROTECTION INSURANCE COMPANY**

ARTICLE II: PRINCIPAL OFFICE

The principal place of business is and mailing address of the corporation is **955 S.E. Federal Highway, Suite 101, Stuart, FL 34994.**

ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one thousand (1,000) shares having a par value of (\$1.00) per share.

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ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is Ike J. Peerbhai, 955 S.E. Federal Highway, Suite 101, Stuart, FL 34994.

ARTICLE V: INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is Your Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

ARTICLE VI: OFFICERS AND DIRECTORS

The name and address of the initial Board of directors is Ike J. Peerbhai, 955 S.E. Federal Highway, Suite 101, Stuart, FL 34994.

ARTICLE VII: INDEMNIFICATION

The Corporation shall indemnify and may insure its officers and directors to the fullest extent permitted by law currently in effect or hereinafter enacted.

The undersigned has executed these Articles of Incorporation this 29th day of September 2005.
Your Capital Connection, Inc., by Stacey Piland, Client Representative

Stacey Piland

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CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE.

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned corporation, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the corporation is: PROTECTIVE Insurance Company

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

FRANK J. PIERCE JR.
955 SE FCO. HWY, # 101, STUART FL 34984

HAVE 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.

Joe Pierce Jr.

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