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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone : (850)521-1000 Fax Number : (850)558-1575 SECRETARY OF STATE

2006 DEC 15 AM 10: 33

FLORIDA PROFIT/NON PROFIT CORPORATION

BUILDER INSURANCE PROGRAMS, INC.

| Certified Copy | |
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| Page Count | 02 |
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ARTICLES OF INCORPORATION

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

2006 DEC 15 AM 10: 33

<u>ARTICLE I NAME</u>

The name of the corporation shall be:

SECRETARY OF STATE TALLAHASSEE, FLORIDA

BUILDER INSURANCE PROGRAMS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 11605 PALMETTO WAY, HOLLYWOOD, FLORIDA 33026

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

THE PURPOSE OF THE CORPORATION IS TO ENGAGE IN ANY LAWFUL ACT OR ACTIVITY FOR WEICH CORPORATIONS MAY BE ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA.

ARTICLE IV SHARES

The number of shares of stock is:

1000, COMMON SHARES, HAVING A PAR VALUE OF \$1.00 PER SHARE.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

JOHN NIGRELLI, PRESIDENT AND DIRECTOR 11605 PALMETTO WAY, HOLLYWOOD, FLORIDA 33026

JAMES M. SACK, SECRETARY AND DIRECTOR 8270 GREENSBORO DRIVE, SUITE 810, MCLEAN, VIRGINIA, 22102

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

JOHN NIGRELLI, 11605 PALMETTO WAY, HOLLYWOOD, FLORIDA 33026

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JOHN NIGRELLI, 11605 PALMETTO WAY, HOLLYWOOD, FLORIDA 33026

Having been named at registered agent to accept service of process for the shove scated 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

By:

DECEMBER 14, 2006

Date

Date

Date

Date