

ARTICLES OF INCORPORATION
OF
Suretec Insurance Services, Inc.

We, the undersigned, do hereby incorporate ourselves under the
Laws of the State of Florida, to wit:

I

NAME

The Name of the corporation shall be: Suretec Insurance
Services, Inc.

II

BUSINESS TO BE TRANSACTED

(1) The Corporation will sell and service insurance contracts and
perform related activities.

(2) The corporation does not wish to limit its business
transactions to the above described transactions; therefore the
corporation wishes to state that it may engage in any activities or
business permitted under the laws of the United States and of this
state.

III

CAPITAL STOCK

The corporation is hereby authorized to issue six hundred (600)
shares of Common Stock of the par value of one dollar (\$1.00) per share.

IV

CAPITAL TO BEGIN BUSINESS

The amount of capital with which this corporation will com-
mence business is five Hundred Dollars (\$500.00).

V

TERM OF EXISTENCE

This corporation shall have a perpetual existence unless sooner
dissolved according to law.

VI

PRINCIPAL OFFICE

The address of the registered office of the corporation shall be:
1219-A Miccosukee Road, Tallahassee, Florida 32308 and the
name of the registered agent is Tara J. Smith.

VII

NUMBER OF DIRECTORS

In lieu of a Board of Directors, the corporation will be controlled
and managed by its stockholders.

VIII

NAME AND ADDRESSES OF DIRECTORS AND/OR OFFICERS

The officers are as follows:

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>
Tara J. Smith	President, Vice President, Secretary, & Treasurer.	1219-A Miccosukee Road Tallahassee, Fl. 32308

IX

SUBSCRIBERS FOR STOCK

The name and address of each subscriber of the Articles of In-
corporation and the number of shares of stock which each agrees to take
are:

<u>NAME</u>	<u>ADDRESS</u>	<u># OF SHARES</u>
Tara J. Smith	1219-A Miccosukee Road Tallahassee, Fl. 32308	450 Shares

the proceeds of which will amount to at least five hundred dollars (\$500.00).

X

RIGHTS OF ORIGINAL INCORPORATORS

The original incorporators of this corporation shall have the right
to assign and deliver their subscription of stock herein to any other persons
who may hereafter become subscribers to the capital stock of this corporation,

who, upon acceptance of such assignment, shall stand in lieu of the original incorporators and assume and carry out all of the rights, liabilities and duties entailed by said subscriptions, subject to the laws of the State of Florida and the execution of this power.

In witness whereof, we have hereunto set our hands and seals this
day of

Tara J. Smith (Seal)
Tara J. Smith

____ (Seal)

____ (Seal)

____ (Seal)

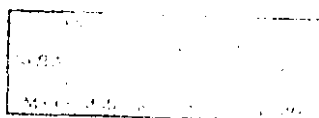
STATE OF FLORIDA
COUNTY OF Gadsden

I hereby certify that on this 2nd day of March
personally appeared before me, the undersigned authority, Tara J. Smith,
~~she~~ to me
well known and well known to me to be the individual ^{whose} ~~name~~ names described
in and who executed the foregoing Articles of Incorporation, and ^{she} ~~they~~ acknowl-
edged to and before me the execution thereof as ^{her} ~~the~~ free and voluntary act
and deed for the uses and purposes therein set forth and expressed. Tara J.
Smith was identified by use of her driver's license.

In witness whereof, I have hereunto set my hand and seal the date
first above written.

Billy D. Register
Billy D. Register
Florida Notary Public

(SEAL)



CERTIFICATE DESIGNATING (OR CHANGING) PLACE OF BUSINESS OR DOMICILE
FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM
PROCESS MAY BE SERVED.

In pursuance of Chapter 48.091, Florida Statutes, the
following is submitted, in compliance with said Act:

First -- That Suretee Insurance Services, Inc.
(Name of Corporation)

desiring to organize under the laws of the State of Florida
(State)

with its principal office, as indicated in the articles of incorpo-
ration at City of Tallahassee, County of Leon
(City) (County)

State of Florida, has named:
(State)

Tara J. Smith
(Name of Resident Agent)

located at 1219-A Miccosukee Road
(Street address and number of building,
Post Office Box address not acceptable)

City of Tallahassee 32308, County of Leon
(City) (County)

State of Florida, as its agent to accept service of process within
this state.

ACKNOWLEDGEMENT: (Must be signed by Designated Agent)

Having been named to accept service of process for the
above stated corporation, at place designated in this certificate,
I hereby accept to act in this capacity, and agree to comply with
the provision of said Act relative to keeping open said office.

By:

Tara J. Smith
Signature

(Resident Agent)