TAMPA, FLORIDA 33613 813-969-0038

March 14, 1995

State of Florida Department of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 <u>QQQQQ1482200</u> 03/16/05--01107--002 *****70.00 *****70.00

RE: Certificate of Incorporation Filing ASSURANCE TITLE COMPANY, INC.

Dear Ms. Bobbie Eldridge:

Enclosed, please find the following in reference to the above matter:

- Original Certificate of Incorporation of ASSURANCE TITLE COMPANY, INC.
- One copy of Certificate of Incorporation
 Check # 9/4 in the amount of \$70.00 for filing fees
- --- 4.---Copy. of--Florida Department-of-State-Name-Reservation-Letter
 - 5. Return Express Mail envelope to expediate

Please review the above. Should you have any questions, please do not hesitate to contact me.

I appreciate all your help in this matter.

Sincerely

Sherri L. Robles

/slr enclosures

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CERTIFICATE OF INCORPORATION

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OF

ASSURANCE TITLE COMPANY, INC.

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THE UNDERSIGNED, being over the age of eighteen years, in order to form a corporation pursuant to the provisions of the Corporate Code, hereby certifies as follows:

FIRST IDENTIFICATION

The name of the corporation, hereinafter referred to as the "Corporation," is ASSURANCE TITLE COMPANY, INC.

SECOND PERIOD OF EXISTENCE

The period during which the corporation shall continue is perpetual.

REGISTERED OFFICE AND REGISTERED AGENT
The address of the initial registered office of the Corporation is 14310 Homosassa Street Tampa, F1. 33613 and the name and address (if different) of the initial registered agent therein and in charge thereof, upon whom process against the
Corporation may be served, is Sherri L. Robles 14310 Homosassa Street Tampa, Florida 33613 THE PRINCIPAL PLACE OF BUSINESS IS: 1216 TERRA MAR DR., TAMPA, FL 33613 THE MAILING ADDRESS IS THE SAME AS THE REGISTERED OFFICE ADDRESS. PURPOSE
The purpose of the Corporation is to engage in any or all lawful business for which corporations may be organized under the provisions of the General Corporation Law of Mawax. Florida
FIFTH

SHARES The total authorized capital stock of the Corporation is _____Two_ __ shares having a

SIXTH INCORPORATOR'S ADDRESS

The name and post office address of the Incorporator of the Corporation is as follows				
Sherri L. Robles				
14310 Homosassa Street				
Tampa, Florida 33613				

SEVENTH DIRECTORS

The powers of the incorporator are to terminate upon the filing of this Certificate of Incorporation and the name(s) and maling addresses of persons who are to serve as director(s) until the first meeting of stockholders or until their successors are elected and qualify are as follows:

Sherri L. Robles 14310 Homosassa Street Tampa, Florida 33613 Kevin D. Robles 14310 Homosassa Street Tampa, Florida 33613

EIGHTH INDEMNITY

Directors of the corporation shall not be liable to either the corporation or its stockholders for monetary damages for a breach of fiduciary duties unless the breach is one which invokes: (1) a director's duty of loyalty to the corporation or its stockholders; (2) acts or omissions not in good faith or which involve intentional misconduct or a knowing violation of law; (3) liability for unlawful payments of dividends or unlawful stock purchases or redemption by the corporation; or (4) a transaction from which the director derived an improper personal benefit.

The effective date of this Certificate of	of Incorporation shall be March 14, 1995
IN WITNESS WHEREOF, the under	signed Incorporator has caused this Certificate of Incorporation to be executed as of
March 14, 1995	
	Shuri L. Hables
	Sherri L. Robles

Acceptance of Registered Agent

I hereby accept the appointment of registered agent and agree to act in this capacity. I further agree to comply with 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.

Sherri L. Robles

legistered Agent

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PLEASE NOTE THE FOLLOWING ADRESS
CHANGES FOR ASSURANCE TITLE COMPANY, INC.

PRINC. PLACE
PRINCESS
OF BUSINESS

ASSURANCE TITLE COMPANY, lac.
14802 N. DALE MABRY HWY.
SUITE 335
THMPA, FL 33618

MAILING ADRESS

"SAME AS ABOVE"

THANKS FOR YOUR HELP Kun DROble
KEVIN ROBLES
SECT.

