P95000028637

Attorney At Law Board Certified Real Estate Attorney

2115 South Congress Avenue Suite 3C, West Publi Reach, Florida 3,3406 Felephone 407 969 3,344 Fax 407 969 9698

Via Federal Express

March 16, 1995

Bureau of Corporate Records Division of Corporations Department of State P.O. Box 6327 Tallahassee, Florida 32314

RE: AFFORDABLE INSURANCE AGENCY, INC.

Doar sir or madam:

Enclosed please find an executed original and copy of the Articles of Incorporation, together with the executed Certificate of Designating Place of Business and Naming Resident Agent with respect to the above-referenced corporation.

Also enclosed is our trust account check made payable to the Secretary of State of Florida, in the sum of \$122.50, covering the following:

> Filing Fee \$35.00 Certified Copy \$52.50 Resident Agent Fee \$35.00

If you find the same to be in order, upon issuance of the Certificate of Incorporation, kindly return a certified copy to the attention of the undersigned.

Very truly yours,

CARLOS MEGIAS

CM:ms Enclosures

PS PLEASE FIND RETURN FEDERAL EXPRESS LETTER PACK FOR YOUR CONVENIENCE. THANK YOU.

W95-6317

3-22



March 22, 1995

CARLOS MEGIAS, ESQ. 2135 S. CONGRESS AVENUE SUITE 3C WEST PALM BEACH, FL 33406

SUBJECT: AFFORDABLE INSURANCE AGENCY, INC.

Ref. Number: W95000006317

We have received your document for AFFORDABLE INSURANCE AGENCY, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filled and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6915.

Kevin Nickens Document Specialist

Letter Number: 595A00012806

ARTICLES OF INCORPORATION OF

95 APR 12 AM 10:53

ADVANTAGE INSURANCE AGENCY OF WEST PALM BEACH, INC.

ARTICLE I - NAME

The name of the Corporation in ADVANTAGE INSURANCE AGENCY OF WEST PALM BEACH, INC..

ARTICLE II - COMMENCEMENT AND DURATION

This corporation is to commence its corporate existence on the date of filing of these Articles of Incorporation and shall exist perpetually thereafter until dissolved according to law.

ARTICLE III - PURPOSE

This Corporation is organized for the purpose of conducting any and all lawful business pursuits.

ARTICLE IV - CAPITAL STOCK

This Corporation is authorized to issue 1000 shares of stock at One Dollar (\$1.00) par value non-assessable stock.

ARTICLE V - AMENDMENTS

This Corporation reserves the right to amend or repeal any provision contained in these Articles of Incorporation, or any amendment thereto and any right conferred upon the shareholders is subject to this reservation.

ARTICLE VI - INITIAL BOARD OF DIRECTORS

The Corporation shall have not less than ONE (1) Director, and not more than THREE (3) Directors in accordance with By-Laws. The names and addresses of the initial Directors of this Corporation are:

LOUIS FERRARI - DIRECTOR/PRESIDENT 2100 45TH Street Suite 1A West Palm Beach, Florida 33407

JAMES E. VERDI - DIRECTOR/VICE-PRESIDENT 2100 45TH Street Suite 1A West Palm Beach, Florida 33407

JAMES P. VERDI - DIRECTOR/SECRETARY - TREASURER 2100 45TH Street Suite 1A West Palm Beach, Florida 33407

ARTICLE VII - INITIAL REGISTERED OFFICE AND AGENT

The atroct address of the initial registered office of this Corporation is 2100 45TH Street Suite 1A, West Palm Beach, Florida 33407

ARTICLE VIII - PRINCIPAL OFFICE AND MAILING ADDRESS

The principal office and malling address is 2100 45TH Street Suite 1A, West Palm Beach, Florida 33407.

ARTICLE IX - INCORPORATOR

The name of the person(s) signing those Articles of Incorporation is: LOUIS FERRARI.

ARTICLE X - INDEMNIFICATION

The corporation shall indemnify any person as recited in Florida Statute 607.014 to the full extent permitted by law.

IN WITNESS WHEREOF, the undersigned have executed these Articles of Incorporation this , o day of March, 1995.

LOUISP FERRARI

STATE OF FLORIDA COUNTY OF

The foregoing instrument was acknowledged before me this 10 day of March, 1995, by LOUIS FERRARI, on behalf of the corporation. He is personally known to me or have produced as identification and did (did not) take an oath.

NOTARY PUBLIC/State of Florida

My Commission Expires:

SANDRA LEE CRAV/FORD
MY COMMISS ON # CC 239720
EXPIRES, Aigust 9, 1936
Bonded Thru Notary Pubble Underwrittens

95 APR 12 AMID: 54

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED

IN COMPLIANCE WITH SECTION 48.091, FLORIDA STATUTE, THE FOLLOWING IS SUBMITTED:

That ADVANTAGE INSURANCE AGENCY OF WEST PALM BEACH, INC. desiring to organize under the laws of the State of Florida, has named LOUIS FERRARI, 2100 45th Street, Suite 1A, West Palm Beach, Florida 33407 as its agent to accept service of process within the State of Florida.

ACKNOWLEDGMENT:

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

LOUISPYERRARI

DATE:

STATE OF FLORIDA (=/

The foregoing instrument was acknowledged before me this day of March, 1995, by LOUIS FERRARIOF ADVANTAGE INSURANCE AGENCY OF WEST PALM BEACH, INC. a Florida corporation on behalf of the corporation. He is personally known to me or has produced as identification and who did (did not) take an oath.

NOTARY PUBLIC/State of Florida

My Commission Expires:

