

P95000048135

SIMMONS, HART & SHEEHE

A PARTNERSHIP OF PROFESSIONAL ASSOCIATIONS  
ATTORNEYS AT LAW

BOYCE W. ACKERMAN\*  
DANIEL A. AMAT  
JOHN B. FULLER\*  
STEVEN M. GRAY  
TIM HAINES  
KARL V. HART  
PHILLIP J. SHEPHE  
YOUNG J. SIMMONS  
MARTY SMITH  
LOUIS V. VENDITELLI\*\*  
REUBEN S. WILLIAMS, IV\*  
ROBERT D. WILSON  
WILLIAM R. WOOD\*  
HENRY MENDIS  
JEFFREY P. CHATLIS

\*Board Certified in Civil Trial Law  
\*\*Board Certified in Tax

June 15, 1995

MIAMI OFFICE

MIAMI CENTER - SUITE 1800  
201 SOUTH BISCAYNE BOULEVARD  
MIAMI, FLORIDA 33131  
TELEPHONE (305) 379-3515  
FAX (305) 379-5404  
FAX (305) 377-4829

OCALA OFFICE

125 N.E. 1ST AVENUE - SUITE 1  
OCALA, FLORIDA 34470

MAILING ADDRESS

POST OFFICE BOX 3310  
OCALA, FLORIDA 34478  
TELEPHONE (904) 732-8121  
FAX (904) 368-2183

REPLY TO: Ocala

Secretary of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32304

800001516168  
-06/19/95--01023--003  
\*\*\*\*122.50 \*\*\*\*122.50

RE: Warranty Protection Systems of Ocala, Inc.

Gentlemen:

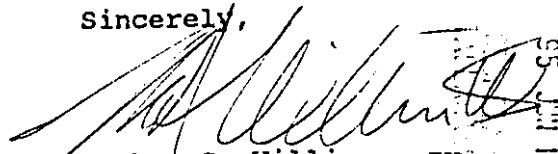
Enclosed herewith please find the original and one copy of Articles of Incorporation for the above referenced corporation together with this firm's check in the amount of \$122.50 for the filing fee consisting of the following:

Filing Fee	\$35.00
Certified Copy	52.50
Registered Agent Designation	35.00

Total enclosed \$ 122.50

Upon filing of same, please return a certified copy of the Articles of Incorporation to my office.

Sincerely,

  
Reuben S. Williams, IV  
For the Firm

WRW/eg  
Enclosures: Articles of Incorporation  
Filing Fee check

FILED  
JUN 19 AM 7:45  
FLORIDA

8AB  
6/21/95

ARTICLES OF INCORPORATION

WARRANTY PROTECTION SYSTEMS OF OCALA, INC.

FILED

95 JUN 19 AM 7:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE I - NAME

The name of this corporation is Warranty Protection Systems of Ocala, Inc..

ARTICLE II - DURATION

This corporation shall have perpetual existence.

ARTICLE III - PURPOSE

This corporation is organized for the purpose of transacting any and all lawful business.

ARTICLE IV - CAPITAL STOCK

This corporation is authorized to issue 7500 shares of \$1.00 par value common stock.

ARTICLE V - MAILING ADDRESS

The principal office of the corporation shall be 2060 SW College Road, Ocala, Florida 34474 and the mailing address of the corporation is PO Box 668, Ocala, Florida 34478-0668.

ARTICLE VI - INITIAL REGISTERED AGENT -  
DESIGNATION AND ACCEPTANCE

The name and address of the initial registered agent and office of this corporation is: Reuben S. Williams, IV, 125 NE First Avenue, Suite 1, Ocala, Florida 34470. Reuben S. Williams, IV has signed these Articles of Incorporation to indicate his acceptance and agreement to act in this capacity as contemplated by §607.0202, Florida Statutes.

I hereby accept the appointment as Registered Agent of Warranty Protection Systems of Ocala, Inc. and agree to act in that capacity.

  
REUBEN S. WILLIAMS, IV

ARTICLE VII - INCORPORATORS AND  
INITIAL BOARD OF DIRECTORS

The name and address of the persons signing these Articles of Incorporation is as follows:

NAME:

ADDRESS:

Reuben S. Williams, IV

125 NE First Avenue, Suite 1  
Ocala, Florida 34470

The corporation shall have one director initially. The number of directors may be increased from time to time by the By-Laws, but shall never be less than one (1) and the method of election of directors shall be governed by the By-Laws. The name and address of the initial Directors of this corporation is:

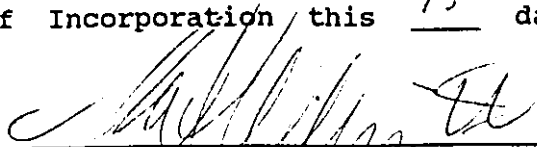
NAME:

ADDRESS:

Reuben S. Williams, IV

125 NE First Avenue, Suite 1  
Ocala, Florida 34470

IN WITNESS WHEREOF, the undersigned incorporators have executed these Articles of Incorporation this 15 day of June, 1995.

  
\_\_\_\_\_  
Reuben S. Williams, IV

STATE OF FLORIDA

COUNTY OF MARION

BEFORE ME, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared Reuben S. Williams, IV, who acknowledged before me that he is the person who executed the foregoing Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and official

seal, in the State and County aforesaid, this 15th day of  
June, 1995.

Notary Public:

Sign Ellen D. Giles  
Print Ellen D. Giles  
State of Florida At Large (Seal)  
My Commission Expires:

Personally known X

Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_



ELLEN D. GILES  
MY COMMISSION # CC423480 EXPIRES  
December 10, 1998  
BONDED THRU TROY FARM INSURANCE, INC.

FILED  
95 JUN 19 11 74 AM  
ALBANY, N.Y.