

TRANSMITTAL LETTER

H. S. - APR - 5 1995
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NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

April 5, 1995

CLEDITH E. OAKLEY III
8414 LINDEN WAY
LAKE WORTH, FL 33467

SUBJECT: D.E. INSURANCE & PLAN SERVICES, INC.
Ref. Number: W95000007399

We have received your document for D.E. INSURANCE & PLAN SERVICES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

In reviewing our records, we note there is a(n) D.E. INSURANCE & PLAN SERVICES, INC., Document number P92000010575, in existence.

Because of the similarities between the existing corporation and the one you are now seeking to file with us, and because it is our duty to assure that all fees due this office in accordance with section 607.0130(2)(c), Florida Statutes, are collected, we are returning the articles of incorporation unfilled and must request you return the existing corporation to good standing by completing the enclosed reinstatement application and submitting it with the appropriate fees.

The fees to reinstate the corporation are as follows: \$175 reinstatement fee, \$61.25 filing fee per year for the years 08/13/1993 through the current year, \$138.75 supplemental fee for the years 1992 forward. The total fee to file the reinstatement is \$775.00, therefore, there is a balance of \$696.25 due. Add an additional \$8.75 for each certificate of status requested.

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) 487-6052.

Hope Sims
Corporate Specialist

Letter Number: 395A00015579

A. H. Smith



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthum
Secretary of State

May 18, 1995

CLEDITH E. OAKLEY III
8414 LINDEN WAY
LAKE WORTH, FL 33467

SUBJECT: D.E.I.P.S., INC.
Ref. Number: W95000007399

We have received your document for D.E.I.P.S., INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for microfilming.

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) 487-6919.

Beth Register
Corporate Specialist Supervisor

Letter Number: 795A00025575

Dear Beth,

*Please apply check to attached form.
S. Cal business.*

A handwritten signature in dark ink, appearing to read "S. Cal business", written over a horizontal line.

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation:

ARTICLE I Name

The name of the corporation shall be: D.E. Insurance & Plan Services, Inc.

ARTICLE II Principle place of business and mailing address

The principle place of business and mailing address of this corporation shall be:

Nelson Rosecrans
8414 Linden Way
Lako Worth, Fl. 33467

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TALLAHASSEE, FLORIDA

ARTICLE III Shares

The number of shares of stock that those corporation is authorised to have outstanding at any one time is:

1,000

ARTICLE IV Initial registered agent and street address

The name and address of the initial registered agent is: Nelson Rosecrans
5742 Leon Dr.
West Palm Beach, Fl. 33413

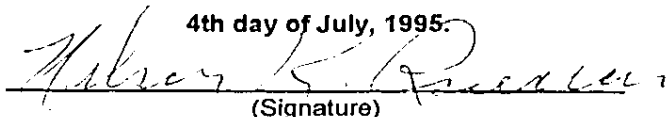
ARTICLE V INCORPORATOR(S)

The name(s) and address(es) of the incorporator(s) to theses Articles of Incorporation is (are):

Nelson Rosecrans
5742 Leon Dr.
West Palm Beach, Fl. 33413

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this

4th day of July, 1995.


(Signature)

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT / REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANISED UNDER THE LAWS OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: **D.E. Insurance & Plan Services, Inc.**

The name and address of the registered agent is:

**Nelson Rosocrans
5742 Leon Dr.
West Palm Beach, Fl. 33413**

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.

Nelson K. Rosocrans
(Signature)

7/9/91
(Date)

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL. 32314

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TALLAHASSEE, FLORIDA