

P9500065430

TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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-08/22/95--01025--010  
\*\*\*\*131.25 \*\*\*\*131.25

SUBJECT: ACCESS PREMIUM FINANCE, INC.  
(proposed corporate name)

Enclosed please find an original and one (1) copy of the articles of incorporation for the above corporation and check in the amount of \$ 70.00.

FROM:

Mrs. Bona Ilonzo  
Name  
10691 N. Kendall Dr., Suite 304  
Address  
Miami, FL 33176  
City, State, & Zip  
(305 ) 598-5161  
Telephone Number

FILED  
08/21/95  
TALLAHASSEE, FLA

Note: Additional copy of articles is needed when certified copy is requested.

FILED

95 MAR 21 AM 9:10

TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION  
OF

ACCESS PREMIUM FINANCE, INC.

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:

ACCESS PREMIUM FINANCE, INC.

ARTICLE II PRINCIPAL OFFICE

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

10691 N. Kendall Dr., Suite 304  
Miami, FL. 33176

ARTICLE III CAPITAL STOCK

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

1,000 Shares at \$ 1.00 Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Mrs. Bona Ilonzo  
10691 N. Kendall Dr., Suite 304  
Miami, FL. 33176

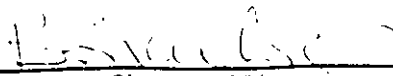
ARTICLE V INCORPORATOR(S)

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

Mrs. Bona Ilonzo  
10691 N. Kendall Dr., Suite 304  
Miami, FL. 33176

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

18th day of July, 19 95.

  
Signature/Title

Mrs. Bona Ilonzo  
President, Vice President,  
Secretary, Treasurer, and  
Director.

\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Signature/Title

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TALLAHASSEE FLORIDA

CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State 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: ACCESS PREMIUM FINANCE, INC.

2. The name and address of the registered agent and office is:

Mrs. Bona Ilonzo

(NAME)

10691 N. Kendall Dr., Suite 304

(P.O. BOX NOT ACCEPTABLE)

Miami, FL. 33176

(CITY/STATE/ZIP)

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 I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

Mrs. Bona Ilonzo

DATE

7/12/95