BETTY PLASENCIA 5026 S.W. 139 PLACE MIAMI, FLORIDA 33175 (305) 374-6688

P96000001873

December 1, 1995

Secretary of State P.O. Box 6327 Tallahassee, Florida 32314

RE: CORPORATE ARTICLES

To Whom It May Concern:

Enclosed please find the Articles of Incorporation for American Credit Insurance Company, together with the initial filing fee of \$122.50.

Should you have any questions, please do not hesitate to contact me at the above address and telephone number. Thank you in advance.

Sincerely,

700001666127 -12/19/95--01145--016 ****122.50 ****122.50

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BETTY PLASENCIA

/bp Encl.

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DEC 2 6 1995 BSB

625, 613 W95-24926



December 26, 1995

BETTY PLASENCIA 5026 S.W. 139 PLACE MIAMI, FL 33175

SUBJECT: AMERICAN CREDIT INSURANCE COMPANY

Ref. Number: W95000024926

We have received your document for AMERICAN CREDIT INSURANCE COMPANY and check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The effective date is not acceptable since it is not within five working days of the date of receipt.

The person designated as registered agent in the document and the person signing as registered agent must be the same.

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) 487-6925.

Letter Number: 595A00055336

Brenda Baker Corporate Specialist

BEATRIZ PLASENCIA 5026 S.W. 139 PLACE MIAMI, FLORIDA 33175 (305) 374-6688

January 2, 1996

Brenda Baker Corporate Specialist Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

RE: American Credit Insurance Company Ref. No. W95000024926

Dear Ms. Baker:

Enclosed please find the corrected Articles of Incorporation as per your letter attached.

Should you have any questions, please do not hesitate to contact me.

Sincerely,

BETTY/PLASENCIA

/bp Encl.

ARTICLES OF INCORPORATION

OF'

AMERICAN CREDIT INSURANCE COMPANY

FILED

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I, the undersigned, hereby execute the following Articles of Incorporation for the purpose of forming a corporation under the laws of the State of Florida, by and under the provisions of the Statutes of the State of Florida, providing for the formation, liability, rights, privileges and immunities of a corporation for profit.

ARTICLE_ONE

EFFECTIVE DATE レースーダム

The name of this Corporation shall be:

AMERICAN CREDIT INSURANCE COMPANY

and mailing address: 217 Aragon Avenue, Coral Gables, Florida 33134 (same as registered agent).

ARTICLE TWO

This Corporation shall commence it's existence on the 2nd day of January, 1996, and shall exist perpetually thereafter unless sooner dissolved according to law.

The general purpose for which the Corporation is organized includes the transaction of any and all lawful business for which Corporation may be incorporated under Chapter 607 Florida Statutes.

ARTICLE THREE

This Corporation may engage in any activity or business permitted under the Laws of the State of Florida.

ARTICLE FOUR

Capital Stock authorized: 1,000 shares

Par Value thereof: \$1.00

ARTICLE FIVE

The amount of capital with which this Corporation shall begin business will not be less than Five Hundred Deliars (\$500.00).

ARTICLE SIX

The street address of the initial principal office is:

217 Aragon Avenue Coral Gables, Florida 33134

The name and address of its initial registered agent is:

OLGA LONGA 217 Aragon Avenue Coral Gables, Florida 33134

ARTICLE SEVEN

The number of Directors shall not be less than one (1).

ARTICLE EIGHT

The names and post office addresses of the Officers and first board of Directors, who, subject to the provisions of the Certificate of Incorporation, the bylaws and the Corporation laws of the State of Florida, shall hold office for the first year of the Corporation's existence, or until their successors are elected and have qualified, are:

NAME

ADDRESS

Jose Valdes, President

217 Aragon Avenue Coral Gables, Florida 33134

Robert A. Brandon, Vice President

217 Aragon Avenue Coral Gables, Florida 33134

ARTICLE NINE

The name and post office address of the subscriber to the Certificate of Incorporation is:

JOSE L. VALDES 217 Aragon Avenue Coral Gables, Florida 33134

ARTICLE TEN

The corporation shall have all rights and powers consistent with the laws of the State of Florida.

I, THE UNDERSIGNED, being the original subscriber to the capital stock herein above-named for the purpose of forming a corporation for profit to do business both within and without the State of Florida, do hereby make, subscribe, acknowledge and file this Certificate, hereby declaring and certifying that the facts herein stated are true, and do respectively agree to take the number of shares of stock hereinabove set forth, and seal this day of the complete of the particular of the corporation.

STATE OF FLORIDA

)ss:

COUNTY OF DADE

) 555. N

The foregoing instrument was acknowledged before me this ____ day of December, 1995, by JOSE L. VALDES, who is personally known to me and did take an oath.

NOTNET PUBLIC | State of Plorida

Jilma E. Gronlier (NAME OF NOTARY TYPED/PRINTED)

My Commission Expires:



*LMA GRONLIER

* Commission CC402092

*pira" (Nug. 22, 1998

*londed by ANE

800-862-8678

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

In pursuance of Chapter 48.091, Florida Statutes, the following is submitted, in compliance with said Act:

First--That AMERICAN CREDIT INSURANCE COMPANY desiring to organize under the laws of the State of Florida with its principal office, as indicated in the articles of incorporation at City of Coral Gables, County of Dade, State of Florida has named OLGA LONGA , located at 217 Aragon Avenue, City of Coral Gables, County of Dade, State of Florida, as its agent to accept service of process within the state.

ACKNOWLEDGEMENT: (MUST BE SIGNED BY DESIGNATED AGENT)

Having been named to accept service of process for the above stated corporation, at place designated in this certificate, I hereby accept to act in this capacity, and agree to comply with the provision of said Act relative to keeping oper said office.

RV:

OLGA LONGA (Resident Agent)

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