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TRANSMITTAL LETTER

RECORDED 16 FEB 1992
-01/05/96--01036--003
*****20.00 *****20.00

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

SUBJECT: Corporate Insurance Associates II, Inc.
(Proposed corporate name)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for
\$ 35.00.

FROM:

Timothy M. Rosier

Name (printed or typed)

2101 N. Dundee

Address

Tampa, Florida 33629

City, State, & Zip

(813) 288-9888

Telephone Number

FILED
96 JUN -5 PM 6 10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten signature
1-9-96

Note: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

OF

FILED
96 JAN -5 PM 6:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

~~Corporate Insurance Associates II, 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:

Corporate Insurance Associates II, Inc.

ARTICLE II PRINCIPAL OFFICE

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

2101 N Dundee
Tampa, Florida 33629

ARTICLE III SHARES

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

1,000 shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Timothy M. Rosier
2101 N. Dundee
Tampa, Florida 33629

ARTICLE V INCORPORATOR(S)

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

Timothy M. Rosier
2101 N. Dundee
Tampa, Florida 33629
261-84-8620

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

29th day of November, 1995

Timothy M. Rosier
Signature

Signature

Signature

**Articles of Incorporation
Filing Fee -**

**CERTIFICATE OF DESIGNATION OF
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: Corporate Insurance Associates II, Inc.

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

Timothy M. Rosier
(Name)

2101 N. Dundee
(P.O. Box NOT acceptable)

Tampa, Florida 33629
(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

Timothy M. Rosier

DATE

11/29/95

REGISTERED AGENT FILING FEE:

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