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TO: DIVISION OF CORPORATIONS FROM: EMPIRE CORPORATE KIT COMPANY  
DEPARTMENT OF STATE 1492 W FLAGLER ST  
STATE OF FLORIDA SUITE 200  
409 EAST GAIES STREET MIAMI FL 3336-  
TALLAHASSEE, FL 32399 CONTACT RAY STORMONT  
FAX: (904) 922-4000 PHONE: (305) 541-3094  
FAX: (305) 541-3770  
DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.  
NAME: HERITAGE INSURANCE FUNDING, INC.  
FAX AUDIT NUMBER: H96000000041 CURRENT STATUS: REQUESTED  
DATE REQUESTED: 01/12/1996 TIME REQUESTED: 14:24:29  
CERTIFIED COPIES: 1 CERTIFICATE OF STATUS: 0  
NUMBER OF PAGES: 3 METHOD OF DELIVERY: FAX  
ESTIMATED CHARGE: \$122.50 ACCOUNT NUMBER: 072450003255

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1-18-96  
[Signature]

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
JUN 12 AM 10:55  
1711 1997

RECEIVED  
JUN 12 PM 3:46

STATE OF FLORIDA  
ARTICLES OF INCORPORATION  
OF

HERITAGE INSURANCE FUNDING, INC.

The undersigned, acting as incorporators of a corporation under the Florida General Corporation Act, adopt the following Articles of Incorporation:

FIRST: The name of the Corporation is:

HERITAGE INSURANCE FUNDING, INC.

SECOND: The period of its duration is perpetual.

THIRD: The purpose or purposes for which the corporation is organized are:

To engage in the transaction of any or all lawful business for which corporations may be incorporated under the provisions of the Florida General Corporation Act.

FOURTH: The aggregate number of shares which the corporation shall have authority to issue is:

One Thousand Shares (1,000) at \$1.00 par value.

FIFTH: The street address of the initial registered and principal office of the Corporation shall be

1195 NW 119 ST.

MIAMI, FLORIDA 33169

and the name of its initial Registered Agent at such address is:

NYLA L. SOLOMON

SIXTH: The number of Directors constituting the initial Board of Directors of the Corporation is ONE, and the name and address of the person who is to serve as Director until the first annual meeting of Shareholders or until their successors are elected and shall qualify is:

NYLA L. SOLOMON

1195 NW 119 ST.

MIAMI, FLORIDA 33169

Steve Hayden, CPA  
160 N.W. 17th St. #202A  
Miami, FL 33169  
Accountants Assoc. of S. Florida, Inc.  
(305) 999.9500

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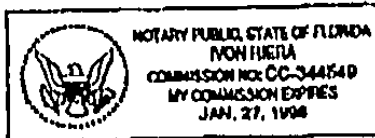
The name and address of each incorporator is:

NYLA L. SOLOMON

1195 NW 119 ST.

MIAMI, FLORIDA 33169

Dated: JANUARY 10, 19 96



X [Signature]  
 DMV# S455-632-58-67440

State of Florida:  
 County of Broward:

The foregoing instrument was acknowledged before me this TENTH  
 day of JANUARY, 19 96 by NYLA L. SOLOMON of  
HERITAGE INSURANCE FUNDING, INC.

[Signature]  
 Notary Public

NYLA L. SOLOMON, having been designated to act as  
 Registered Agent hereby agrees to act in this capacity.

X [Signature]  
 Registered Agent

Prepared by: Steve Hayden, CPA  
 Accountants Association of South Florida, Inc.

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THE UNITED STATES  
CORPORATION  
COMPANY

# P96000004458

ACCOUNT NO. : 072100000032  
REFERENCE : 313977 4303929  
AUTHORIZATION : *Kurt Halverson*  
COST LIMIT : \$ 35.00

FILED  
97 APR -1 14 9 14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : April 1, 1997  
ORDER TIME : 9:34 AM  
ORDER NO. : 313977-005  
CUSTOMER NO: 4303929

*diso*

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CUSTOMER: Esther J. Forbes, Legal Asst  
Greenberg Traurig Hoffman  
22nd Floor  
1221 Brickell Avenue  
Miami, FL 33131-3238

## DOMESTIC FILINGS

\*\*\*\*\*FILE FIRST\*\*\*\*\*

NAME: HERITAGE INSURANCE FUNDING  
CORPORATION

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY  
XX PLAIN STAMPED COPY  
CERTIFICATE OF GOOD STANDING

|                  |                    |
|------------------|--------------------|
| Date             | 4/3/97             |
| County           |                    |
| Examiner         | <i>[Signature]</i> |
| Update           | <i>[Signature]</i> |
| Reopening Return | <i>[Signature]</i> |
| Verifying        | <i>[Signature]</i> |

CONTACT PERSON: Tonya C. Holliday

EXAMINER'S INITIALS:

00544, 00672

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97 APR -1 2 11:35  
DIVISION OF CORPORATION



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

April 1, 1997

CSC  
1201 Hays Stroot  
Tallahassee, FL 32301

SUBJECT: HERITAGE INSURANCE FUNDING, INC.  
Ref. Number: P96000004458

**RESUBMIT**

Please give original  
submission date as file date.

We have received your document for HERITAGE INSURANCE FUNDING, INC. and the authorization to debit your account in the amount of \$35.00. However, the document has not been filed and is being returned for the following:

Our records indicate the current name of the entity is as it appears on the enclosed computer printout. Please correct the name throughout the document.

The name and capacity of the person signing the document must be noted beneath or opposite the signature.

If you have any questions concerning the filing of your document, please call (904) 487-6907.

Annette Hogan  
Corporate Specialist

Letter Number: 997A00016400

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APR -2 PM 4:25

97  
APR  
REC

ARTICLES OF DISSOLUTION  
OF  
HERITAGE INSURANCE FUNDING, INC.

FILED  
97 APR -1 AM 9:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

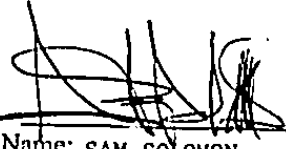
Pursuant to the provisions of Sections 607.1402 and 607.1403 of the Florida Business Corporation Act, **HERITAGE INSURANCE FUNDING INC.**, a Florida corporation (the "Corporation"), hereby adopts the following Articles of Dissolution and certifies the following information for the purposes of dissolving the Corporation:

1. The name of the Corporation filing these Articles of Dissolution is **HERITAGE INSURANCE FUNDING INC.** Document #P96000004458.

2. The Corporation elected to dissolve by unanimous written consent of its sole Shareholder and sole Director, the votes cast for dissolution being sufficient for approval, as of March 26, 1997.

IN WITNESS WHEREOF, the undersigned being the President of **HERITAGE INSURANCE FUNDING INC.** has executed these Articles of Dissolution on behalf of the Corporation as of the 26 day of March, 1997.

**HERITAGE INSURANCE FUNDING INC.**  
a Florida corporation

By:   
Print Name: SAM SOLOMON  
Title: President