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TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tollahassee, FL 32314 400001734554 -03/07/96--01006--005 ****131.25 ****131.25

SUBJECT: ALLSTAR DISCOUNT INSURANCE INC. (Proposed corporate name - must include suffix)						
Enclosed is an origina	I and one (1) co	ov of the articles of	lucorporation :	and a c	hook	•
for : \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	\$122,50 Filing Fee & Certified Copy Additional Copy	\$131.25 Filing Fee, Certified Copy & Certificate		HEGK	•
FROM:		CK HEDDITC	_1+	SEC	96	
	1251 NE 214St. Address				HIR -6	FIL
	NORTH MIAMI BEACH FL 33179 City, State & Zip			OF STATES, FLORE	<u>₹</u>	ED
(305) 651-5725 Daytime Telephone number					25	

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

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SECKETARY OF STATE
TALLAMASSEE, FLORIDA

ARTICLES OF INCORPORATION FOR ALLSTAR DISCOUNT INSURANCE 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 | NAME

The name of the corporation shall be:

ALLSTAR DISCOUNT INSURANCE INC.

ARTICLE II PRINCIPAL OFFICE

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

mailing address:

P.O. BOX 69-4205 MIAMI, FL 33269-1205

ARTICLE III SHARES

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

One thousand shares of common stock with a par value of one dollar per share.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

DUMACK HEDDITCH 1251 N.E. 214 STREET NORTH MIAMI BEACH, FL 33179

ARTICLE V INCORPORATOR(S)

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

DUMACK HEDDITCH 1251 N.E. 214 STREET NORTH MIAMI BEACH, FL 33179

RAYMONDE DUCTAN 570 NW 110 STREET MIAMI, FL 33168

The undersigned incorporator(s) has (have) executed these Articles of incorporation this 1st day of March, 1996.

Signature

Signature

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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:

ALLSTAR DISCOUNT INSURANCE INC.

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

DUMACK HEDDITCH 1251 N.E. 214 STREET NORTH MIAMI BEACH, FL 33179 SECRETARY OF STATE AND STATE OF STATE O

Having been made 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

3-1-96

Date