

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870
 Mailing Address: Post Office Box 10349, Tallahassee, FL 32302
 TOLL FREE No. 1-800-342-8062
 FAX (904) 222-1222

NAME _____
 FIRM _____
 ADDRESS _____

PHONE () _____

Service: Top Priority _____ Regular _____
 One Day Service Two Day Service

To us via _____ Return via _____

Mailor No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

RECEIVED

96 DEC -4 AM 8:56

DIVISION OF CORPORATION

FILED

96 DEC -4 AM 11:25

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

AL DEC - 4 1996

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE	12/4		
TIME			CK No.
BY			

WALK-IN Will Pick Up 8:30 *[Signature]*

P96000097829

RE: Auto Insurance of Sample, Inc.

	G.C. FEE.	DISBURSED
<input checked="" type="checkbox"/> Capital Express™		
<input type="checkbox"/> Art. of Inc. File		
<input type="checkbox"/> Corp. Record Search		
<input type="checkbox"/> Ltd. Partnership File		
<input type="checkbox"/> Foreign Corp. File		
<input checked="" type="checkbox"/> () Cert. Copy(s)		
<i>Photo</i>		
<input type="checkbox"/> Art. of Amend. File		
<input type="checkbox"/> Dissolution/Withdrawal		
<input type="checkbox"/> C U B-		
<input type="checkbox"/> Fictitious Name File		
200002019033--3 -12/04/96--01027--003		
<input type="checkbox"/> Name Reservation	****\$70.00	****\$70.00
<input type="checkbox"/> Annual Report/Reinstatement		
<input type="checkbox"/> Reg. Agent Service		
<input type="checkbox"/> Document Filing		
<input type="checkbox"/> Corporate Kit		
<input type="checkbox"/> Vehicle Search		
<input type="checkbox"/> Driving Record		
<input type="checkbox"/> Document Retrieval		
<input type="checkbox"/> UCC 1 or 3 File		
<input type="checkbox"/> UCC 11 Search		
<input type="checkbox"/> UCC 11 Retrieval		
<input type="checkbox"/> File No.'s, Copies		
<input type="checkbox"/> Courier Service		
<input type="checkbox"/> Shipping/Handling		
<input type="checkbox"/> Phone ()		
<input type="checkbox"/> Top Priority		
<input type="checkbox"/> Express Mail Prep.		
<input type="checkbox"/> FAX () pgs.		
SUBTOTALS		

FEE.....	\$
DISBURSED.....	\$
SURCHARGE.....	\$
TAX on corporate supplies.....	\$
SUBTOTAL.....	\$
PREPAID.....	\$
BALANCE DUE.....	\$

Please remit invoice number with payment
 TERMS: NET 10 DAYS FROM INVOICE DATE
 1 1/2% per month on Past Due Amounts
 Past 30 Days, 18% per Annum.

THANK YOU
 from
 Your Capital Connection

ARTICLES OF INCORPORATION
OF
AUTO INSURANCE OF SAMPLE, INC.

FILED

96 DEC -4 AM 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, for the purpose of forming a corporation under the Florida General Corporation Act hereby adopt the following articles of incorporation:

ARTICLE ONE

The name of the corporation is:

AUTO INSURANCE OF SAMPLE, INC

The address of the corporation is:

811 West Sample Road, Pompano Beach, Florida 33064.

ARTICLE TWO

The term of existence of the corporation is perpetual.

ARTICLE THREE

The corporation may transact any and all lawful business for which corporations may be incorporated under the Florida General Corporation Act, Chapter 607, Florida Statutes.

ARTICLE FOUR

The aggregate number of shares which the corporation has authority to issue is 500, all of which shall be common shares without par value.

ARTICLE FIVE

The street address of the initial registered office of the corporation is 811 West Sample Road, Pompano Beach, Florida 33064, and the name of the initial registered agent is John M. Ale .

ARTICLE SIX

The business of the corporation shall be managed by the stockholders of the corporation rather than by a board of directors.

ARTICLE SEVEN

The name and address of the incorporator is:

John M. Ale
811 West Sample Road, Pompano Beach, Florida 33064

ARTICLE EIGHT

The corporation shall be deemed to commence it's existence on December 04, 1996.

IN WITNESS WHEREOF, I have subscribed my name this 2nd day of December, 1996.

John M. Ale
Incorporator

STATE OF FLORIDA)SS
COUNTY OF BROWARD)

On this 2nd day of December, 1996, before me, personally appeared John M. Ale . known to me to be the person whose name is subscribed to the within instrument, and acknowledged that he executed the same for the purpose therein contained.

IN WITNESS WHEREOF, I hereunto set my hand and seal.

Robert D. Stebbins
Notary Public

My commission #CC602037 expires:
November 24, 2000

STATE OF FLORIDA
DEPARTMENT OF STATE

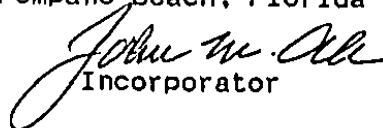
Certificate Designation Place of Business or Domicile,
the Service of Process Within This State, Naming Agent
upon whom Process May Served and Name and Address of the
Incorporator.

FILED
96 DEC -4 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The following is submitted in compliance with
Chapter 48.091 and 607.034, Florida Statutes:

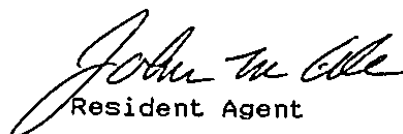
a corporation organized (organizing) under the laws of the
State of Florida, with its initial registered office at
811 West Sample Road, Pompano Beach, Florida 33064 has
named John M. Ale , its agent to accept service of
process within this state.

John M. Ale
811 West Sample Road, Pompano Beach, Florida 33064.


Incorporator

ACCEPTANCE:

HAVING BEEN NAMED to accept service of process
for the above named corporation, at the place designated
in this certificate, I hereby agree to act in this
capacity, and I further agree to comply with the
provisions of all statutes relative to the proper
performance of my duties.


Resident Agent