

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 _____

Matter No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

RECEIVED

96 DEC -4, AM 8:56

FILED

96 DEC -4, AM 11:25

DIVISION OF CORPORATION
 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 WZ

RE: Auto Insurance of Sample, Inc.

	C.C. FEE.	DISBURSED
<input checked="" type="checkbox"/> Capital Express SM	_____	_____
<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"/> (<u>photo</u>) <u>photo</u> Copy(s)	_____	_____
<input type="checkbox"/> Art. of Amend. File	_____	_____
<input type="checkbox"/> Dissolution/Withdrawal	_____	_____
<input type="checkbox"/> C U S-	_____	_____
<input type="checkbox"/> Fictitious Name File	_____	_____
300002019033--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 B. Stebbins
Notary Public

My commission #CC602037 expires:
November 24, 2000

STATE OF FLORIDA

DEPARTMENT OF STATE

FILED

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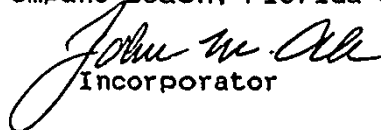
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

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

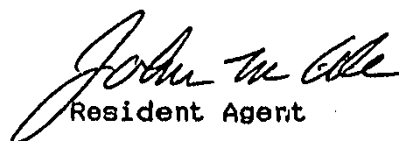
a corporation organized (organizing) under the laws of the
State of Florida, with its initial registered office at
811 West Sample Road, Pompano Beach, Florida 33064 has
named John M. Ale , its agent to accept service of
process within this state.

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