



ACCOUNT NO. : 072100000032

REFERENCE: 238916 7122688

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE: January 28, 1997

ORDER TIME : 10:31 AM

ORDER NO. : 238916-005

CUSTOMER NO: 7122688

CUSTOMER: Ms. Michelle L. Robinson

MICHELLE ROBINSON FINANCIAL ASSURANCE

Suite 104

400 Golf Brook Circle Longwood, FL 32779

DOMESTIC FILING

NAME:

FINANCIAL ASSURANCE, INC.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: W. Charles Earnest

EXAMINER'S INITIALS:

RECEIVED

95 JAN 28 PH 12: 11

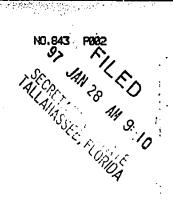
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ARTICLES OF INCORPORATION

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:

Financial Assurance, INC.

ARTICLE II PRINCIPAL OFFICE

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

400 GOLF BROOK CIRCLE SUITE 104 LONGWOOD, FLORIDA 32779

ARTICLE III SHARES

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

5000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MICHELLE L. POBINSON 400 GOLF BROOK CIRCLE SUITE 104 LONGWOOD, FLORIDA 32779 FILING FEE: \$70.00

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors:

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

MICHELLE L'ROBINSON 400 GOLF BROOK CIPCLE SUITE 104 LONGWOOD, FLORIDA 32779

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

27 day of January , 19 97.

(An additional article must be added if an effective date is requested.)

Signature
Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

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.

I. The name of the corporation is:	Financial	Assurance	INC
		;	

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

MICHELLE G. POBINSON

(NAME)

400 GOLF BROOK CURCLE SUITE HOLF 9

(P.O. BOX OF MAIL Drop BOX NOT ACCEPTABLE)

LONGWOOD FURIDA 32779

(CHY/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.

Michelle L. Robinson

January 27, 1997.

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