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TO: DIVISION OF CORPORATIONS  
(850)922-4001

FAX #:

FROM: THE COMPANY CORPORATION  
076660001006  
CONTACT: REGINA CEPHAS  
PHONE: (302)575-0440  
(302)575-1346

ACCT#:

FAX #:

NAME: STATEWIDE INSURANCE COMPANY  
AUDIT NUMBER.....H97000012649  
DOC TYPE.....FLORIDA PROFIT CORPORATION OR P.A.  
CERT. OF STATUS..0 PAGES..... 3  
CERT. COPIES.....0 DEL.METHOD.. FAX  
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AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

\*\* ENTER 'M' FOR MENU. \*\*

ENTER SELECTION AND <CR>:

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**ARTICLES OF INCORPORATION****OF****STATEWIDE INSURANCE COMPANY**

The undersigned natural person(s), of the age of 21 or more, acting to form a corporation under the corporate laws of the state of Florida do hereby certify the following:

**FIRST:** The name of the corporation shall be **STATEWIDE INSURANCE COMPANY.**

**SECOND:** The address of the initial registered office of the corporation is 200 - A John Knox Road, Tallahassee FL 32303-6643, County of Leon. The name of the registered agent located at said address is Larry Wolfe.

**THIRD:** The principal address of the corporation is 9690 Doral Blvd., Miami, FL 33178.

**FOURTH:** The purpose for which this corporation is organized shall be to engage in any lawful act or activity for which corporations may be organized under the Florida Business Corporation Act.

**FIFTH:** The total authorized stock of this corporation is divided into 3,000,000 shares at \$1.00 par value.

**SIXTH:** The number of directors constituting the initial board of directors is one, and the name(s) and address(es) who will serve as director(s) until the first annual meeting of shareholders or until their successors are as follows:

Philip L. Derosa 530 Main Street, Suite 188, New Rochelle, NY 10801.

**SEVENTH:** The duration of the corporation is perpetual.

**EIGHTH:** The name(s) and address(es) of the persons who are to act as incorporator(s) are as follows:

Wendy Snow c/o The Company Corporation 1313 N. Market Street, Wilmington, DE 19801-1151.

FILED  
AUG 11 1997  
CLERK OF THE COURT  
TALLAHASSEE, FLORIDA

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CO. CORP.

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We (I), the undersigned, being all the incorporators of the corporation identified above, declare that we have examined the foregoing this 30th day of July, 1997.

Wendy Snow

State of Delaware

County of New Castle

THE FOREGOING instrument was acknowledged and sworn to before me this 30th day of July, 1997 by Wendy Snow.

Susan M. Griffin  
Notary Public

SUSAN M. GRIFFIN  
NOTARY PUBLIC - STATE OF DELAWARE  
MY COMMISSION EXPIRES OCT. 6, 2000

This document was prepared by Wendy Snow, 1313 N. Market Street,  
Wilmington DE 19801 (302) 575-0440

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**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE  
FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING  
AGENT UPON PROCESS MAY BE SERVED.**

In compliance with Section 43.091, Florida Statutes, the following is submitted:

First, this STATEWIDE INSURANCE COMPANY  
desiring to organize under the laws of the State of Florida with its principal  
place of business located in the city of Miami, State of  
Florida, has named Larry Wolfe located at  
200 - A John Knox Road, Tallahassee, FL 32303-6643

\_\_\_\_\_ as its agent for service of  
process within Florida.

Having been named to accept service of process for the above stated  
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 and complete performance of my duties.



July 31, 1997

Date

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