

P980000007702

TRANSMITTAL LETTER

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

700002404657--8
-01/20/98--01056--019
*****70.00 *****70.00

SUBJECT: ALL BUSINESS INSURANCE INC.
(proposed corporate name)

Enclosed please find an original and one (1) copy of the articles of incorporation for the above corporation and check in the amount of \$ 35.00 .

AND ANOTHER \$35.00 FOR THE REGISTERED AGENT FEE

FROM:

Name FAYE C. MAPLES
Address 733 LAGOON DR.
NORTH PALM BEACH, FL 33408
City, State, & Zip
(561) 874-7729 Beeper
Telephone Number
(561) 622-3501 Business
561 622-2222 fax

EFFECTIVE DATE
1-16-98

FILED
98 JAN 20 AM 11:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Note: Additional copy of articles is needed only when certified copy is requested.

CB
1-26-98

EFFECTIVE DATE
1-16-98

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

All Business Insurance, Inc.

ARTICLE II PRINCIPAL OFFICE

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

P.O. Box 14428
North Palm Beach, FL 33408

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

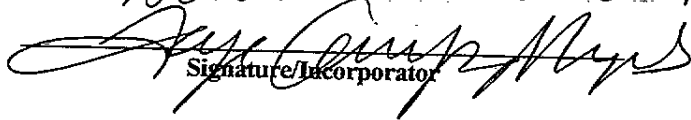
The name and Florida street address of the initial registered agent are:

Faye Campagne - Maples
733 Lagoon Drive, North Palm Bch, FL
33408

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

P. Faye Campagna-Maples
P.O. Box 14428
North Palm Beach, FL 33408


Signature/Incorporator

1/16/98
Date

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

Please make effective 1/16/98

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


Signature/Registered Agent

1/16/98
Date

FILED
98 JAN 20 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA