P98000016284

Coral Insurance Associates Inc.

2400 E. Las Olas Blvd., Suite 104 Ft. Lauderdale, FL, 33301

February 17, 1998

Department of State Division of Corporations PO Box 6327 Tallahassee, Florida 32314

Subject: Coral Insurance Associates Inc.

I enclose an original and 1 copy of the Articles of Incorporation for the above captioned corporation and a check in the amount of \$122.50.

Signed: Matuher

From: Susan J. Straker, Coral Insurance Associates, Inc.

2400 E. Las Olas Blvd. Suite 104

Ft. Lauderdale, Fl. 33301

954 462 76 83 fax 954 463 39 46

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Bill V. GAVE
AUTHORIZATION BY PHONE TO
CORRECT address R.A.
DATE 2-18-28
DOC. EXAM AM

FILED
98 FEB 18 MII: 47
SECRETARY OF STATE
ALL ALLASSEE ELLASIBLE

gl 2-19-98

ARTICLES OF INCORPORATION

OF

CORAL INSURANCE ASSOCIATES, INC



ARTICLE I NAME

The name of the corporation shall be: CORAL INSURANCE ASSOCIATES, INC

ARTICLE II PRINCIPAL OFFICE

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

2400 E. Las Olas Blvd. Suite 104, Ft. Lauderdale, Florida, 33301.

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: TEN THOUSAND SHARES OF THE par value of \$1.00 each.

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Susan Straker

2400 E. LAS OLAS BLVD., STE. 104 FT. LAUDERDALE, FL 33301 ARTICLE V INCORPORATOR

14 33 1 7774

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

Susan Straker

1200 E. Lake Dr., Ft. Lauderdale, Florida, 33316-2402

The undersigned has executed these Articles of Incorporation this 17th day of February 1998.

/Ingtruker , Incorporator

CERTIFICATE OF DESIGNATION

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.

1. The name of the corporation is:

CORAL INSURANCE ASSOCIATES, INC

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

2400 E. Las Olas Blvd., Suite 104, Ft. Lauderdale, Florida,

Signature:

Title: President

Date:17 February, 1998

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: Jostraker

Date: 17/7e6 98