

P98000087707

OCTOBER 6TH, 1998

SECRETARY OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FLORIDA 32314

RE: ARTICLES OF INCORPORATION
AMERICAN EAGLE INSURANCE OF PALM BEACH INC.

700002661757--4
-10/12/98--01103--019
****245.00 *****78.75

ENCLOSED YOU WILL FIND MY CHECK IN THE AMOUNT OF \$122.50 WHICH PAYS THE FILING FEE, RESIDENT AGENT FEE, AND CERTIFIED COPY OF THE ARTICLES OF INCORPORATION INCLUDED HEREIN.

THANK YOU FOR YOUR CONSIDERATION IN THIS MATTER, AND IF YOU HAVE ANY QUESTION, PLEASE CONTACT ME IMMEDIATELY.

VERY TRULY YOURS,

DALIA MELENDEZ
680 S MILITARY TRAIL, SUITE B
WEST PALM BEACH, FL 33415
PHONE # (561)478-1777

Dalia GAVE
AUTHORIZATION BY PHONE TO
CORRECT Articles
DATE 10-14-98
DOC. EXAM. mm

FILED
98 OCT 12 AM 9:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10-14-98
mm

ARTICLE OF CORPORATION

OF

AMERICAN EAGLE INSURANCE OF PALM BEACH INC.

ARTICLE I

NAME

The name of this Corporation shall be:

AMERICAN EAGLE INSURANCE OF PALM BEACH INC.

ARTICLE II

PURPOSE

This corporation is organized for the purpose of operating as
INSURANCE AGENT and transacting any and all lawful **business**.

ARTICLE III

CAPITOL STOCK

This corporation is authorized to issue 1000 shares of \$1.00 par value common stock.

ARTICLE IV

INITIAL PRINCIPAL OFFICE AND REGISTERED AGENT

The street address of the initial principal office and registered office of this corporation is
4115 S DIXIE HWY, WEST PALM BEACH, FL 33405 and the name of the initial
registered agent of this corporation at the above address is:

MIGUEL A. SOTOMAYOR

FILED
98 OCT 12 AM 9:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V

DIRECTORS

This corporation shall have one (1) President, . The number of Directors may be either increased or diminished from time to time by-laws but shall never be less than one. The name and address of the initial Director (s) of this corporation

MIGUEL A. SOTOMAYOR
4115 S DIXIE HWY
WEST PALM BEACH, FL 33405
PRESIDENT

ARTICLE VI

INCORPORATORS

The name and address of the person (s) signing these Articles are:

MIGUEL A. SOTOMAYOR
4115 S DIXIE HWY
WEST PALM BEACH, FL 33405

ARTICLE VII

POWERS

This corporation shall have all of the corporate powers enumerated in the Florida General Corporation Act.

ARTICLE VIII

INDEMNIFICATION

The corporation shall indemnify any officer, director or former officer, and former director to the full extent permitted by law.

ARTICLE IX

AMENDMENT

This corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any Amendment to them, and any right conferred upon the shareholders is subject to this reservation. IN WITNESS WHERE OF, the undersigned subscriber has executed these Articles of Incorporation on this OCTOBER 5TH, 1998




MIGUEL A. SOTOMAYOR
PRESIDENT.

COUNTY OF PALM BEACH
STATE OF FLORIDA

BEFORE ME, the undersigned authority, this day personally appeared MIGUEL A. SOTOMAYOR who after being duly sworn, deposes and say that the facts contained above are true and correct, and that he has executed the same for the purposes contained herein.

WITNESS my hand and official seal this OCTOBER 5TH, 1998.





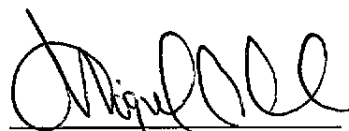
DALIA MELENDEZ
NOTARY PUBLIC, STATE OF FL.
COMMISSION INFORMATION:

CERTIFICATE DESIGNATION PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA. NAMING AGENT UPON WHICH PROCESS MAY BE SERVED. IN COMPLIANCE WITH SECTION 48.091, FLORIDA STATUTES.

THE FOLLOWING IS SUBMITTED:

AMERICAN EAGLE INSURANCE OF PALM BEACH INC.

DESIRING TO ORGANIZE OR QUALIFY UNDER THE LAWS OF THE STATE OF FLORIDA. WITH IT'S PRINCIPAL PLACE OF BUSINESS 4115 S DIXIE HWY, WEST PALM BEACH, FL 33405, COUNTY OF PALM BEACH, STATE OF FLORIDA AS IT'S AGENT TO ACCEPT SERVICE OF PROCESS WITHIN THIS STATE.



CORPORATE OFFICER

President.

TITLE

10.07.98

DATE

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AM FAMILIAR WITH AND ACCEPT THE DUTIES AND RESPONSIBILITIES AS REGISTERED AGENT OF SAID CORPORATION, AND I HEREBY COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PRFORMANCE OF MY DUTIES.

SIGNATURE



DATE

10.07.98

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
98 OCT 12 AM 9:21

FILED