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Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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Division of Corporations

Fax Number : (850) 922-4001

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone : (305)541-3694 Fax Number : (305)541-3770 9 APR 19 AN 8: 54
ECRETARY OF STATE
ALLAHASSEE, FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

AGENTS INSURANCE RESOURCES, INC.

Certificate of Status	0
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ARTICLES OF INCORPORATION

SECRETARY OF STATE TALLAHASSEE, FLORIDA

<u>of</u>

AGENTS INSURANCE RESOURCES, INC.

ARTICLE I

The name of this corporation shall be:

AGENTS INSURANCE RESOURCES, INC.

ARTICLE II

This corporation may engage in the transaction of any or all lawful business for which corporations may be incorporated under the Florida General Corporation Act of the State of Florida.

ARTICLE III

The maximum number of shares of stock that this corporation is authorized to issue at any time is 1,000 shares of \$1.00 par value each.

ARTICLE_IV

The Shareholders of this corporation shall have preemptive rights to acquire unissued or treasury shares of the corporation, or securities of the corporation convertible into or carrying a right to subscribe to or to acquire shares of the corporation to the extent that the Stockholders might so specifically set forth. Lacking this affirmative action by the Stockholders, there shall be no such preemptive rights.

ARTICLE V

This corporation is to have perpetual existence.

ARTICLE VI

The principal office of this corporation shall be located at 200 S.E. 1st Street. Suite #900, Miami, FL 33131, with the corporation rotaining the power of moving its office to any other address in Florida, as may from time to time be determined and authorized by its Board of Directors, with branch offices in such other cities, or countries as may from time to time be authorized by its Board of Directors.

PREPARED RY:

GUIDO A. AGUILERA, ESQ. 815 PONCE DE LEON BLVD. CORAL GABLES, FL 33134 FLORIDA BAR NO: 135749

(305)44S-8748 -1

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ARTICLE VII

The initial registered office of this corporation shall be at 200 S.E. 1st Street, Suite #900, Miami, FL 33131. The initial registered agent at such address shall be:

HENRY C. GODWIN, JR.

ARTICLE VIII

This corporation shall at all times have at least one and not more than five (5) Directors who shall conduct the business of the corporation as a Board of Directors. The Stockholders of this corporation may, from time to time, and at any time, increase or decrease the size of the Board of Directors of the corporation.

ARTICLE IX

The names and address of the Members of the First Board of Directors who shall hold office until the first Annual Meeting of Shareholders and/or until their successors are elected and qualified or until their earlier resignation, removal from office, or death, are:

> MORTON D. WEINER 355 Arvida Parkway

JEFF B. WEINER 5605 S.W. 85th Street Coral Gables, FL 33156 Coral Gables, FL 33156

HENRY C. GODWIN, JR. 7701 S.W. 181 Terrace Miaml, FL 33157

FRANK D. CABEZA 1143 Albambra Circle Coral Gables, FL 33134

ARTICLE X

The names and addresses of the subscribers are:

MORTON D. WEINER 355 Arvida Parkway

JEFF B. WEINER 5605 S.W. 85th Street Coral Gables, FL 33156 Coral Gables, FL 33156

HENRY C. GODWIN, JR. 7701 S.W. 181 Terrace Miami, FL 33157

FRANK D. CABEZA 1143 Alhambra Circle Coral Gables, FL 33134

ARTICLE XI

The By-Laws of this corporation may be created, amended, changed or replaced by either the Stockholders or the Directors of the corporation at any duly scheduled Special Meeting called for that purpose.

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ARTICLE XII

Every person who now is or hereafter shall become a Director of this corporation, shall be indemnified by the corporation against all costs and expenses (including counsel fees) hereafter reasonably incurred by or imposed upon him in connection with, or resulting from any action, suit or proceedings, of whatever nature, to which he or she is or shall be made a part by reason of him or her being or having been a director of the corporation (whether or not he or she is made a party to such action, suit or proceeding, or at the time such cost or expense is incurred by or imposed upon him).

However, an exception is made to the above in relation to matters as to which he or she shall be finally adjudged in such action, suit or proceeding to have been derelict in the performance of the duties imposed in him as such Director. The right of indemnification herein provided for shall not be exclusive of other rights to which any such person may now or hereafter be entitled as a matter of law.

IN WITNESS WHEREOF, the undersigned have made, subscribed and acknowledged these Articles of Incorporation, this /// day of

MORPON D. WEINER

MORPON D. WEINER

JEST B. WEINER

HENRY C. GODWIN, JE

FRANK D. CABEZK

STATE OF FLORIDA) :SS COUNTY OF DADE)

The foregoing instrument was acknowledged before me this //tl.

day of // 1999, by MORTON D. WEINER, JEFF B. WEINER,

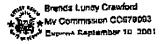
HENRY C. GODWIN, JR. and FRANK D. CABEZA, who are personally known

to me or have produced _______ as identification and who

did take an oath.

My Commission expires:

NOTARY PUBLIC-STATE OF FLORIDA COMMISSION NO.



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

IN COMPLIANCE WITH SECTION 48,091, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED:

FIRST, THAT AGENTS INSURANCE RESOURCES, INC., DESIRING TO ORGANIZE OR QUALIFY UNDER THE LAWS OF THE STATE OF FLORIDA, WITH ITS PRINCIPAL PLACE OF BUSINESS AT CITY OF MIAMI, STATE OF FLORIDA, HAS NAMED HENRY C. GODWIN, JR., LOCATED AT CITY OF MIAMI, STATE OF FLORIDA, AS ITS AGENT TO ACCEPT SERVICE OF PROCESS WITHIN FLORIDA.

SUBSCRIBERS:

MORTON D. WEINER

MORTON D. WEINER

HENRY C. GODWIN, CAR.

FRANK D. CABEZE

(4. 1999

DATE:

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.

SIGNATURE:

(RESIDENT AGENT)() HENRY C. GODWIN,

DATE:

4/14/49

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SECRETAKY OF STATE
TALLAHASSEE, FLORIDA