

ALPHA/OMEGA INSURANCE COMPANY

1722 Suwanee Drive
West Palm Beach, FL 33409

Phone 561-684-8112
Email Angel90s@aol.com

DP9000072850

July 13, 1999.

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-07/19/99-01054-003
*****78.75 - *****78.75

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

Re: ALPHA/OMEGA INSURANCE COMPANY

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$78.75.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Sincerely,

Sherry McGee

Sherry McGee
President
ALPHA/OMEGA Insurance Co.

Enclosures

MAILING ADDRESS OF CORPORATION:

1722 Suwanee Drive
West Palm Beach, FL 33409
PHONE: 561-684-8112

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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D. BROWN AUG 1 6 1999

ARTICLES OF INCORPORATION

of

ALPHA/OMEGA INSURANCE COMPANY
(name of corporation)

The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt(s) the following articles of incorporation for such corporation:

ARTICLE I - CORPORATE NAME

The name of the corporation is:

ALPHA/OMEGA INSURANCE COMPANY

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue 500 shares of common stock, par value \$ 1.00 per share.

ARTICLE V - INITIAL PRINCIPAL OFFICE

The street address of the initial principal office and, if different, the mailing address is:

STREET ADDRESS		
<u>1722 SUWANEE DR.</u>		
CITY <u>W. PALM BEACH,</u>	FLORIDA	ZIP <u>33409</u>
Mailing address, if different		
STREET ADDRESS		
CITY	FLORIDA	ZIP

ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office and the name of the initial registered agent at the office is:

NAME	<u>SHERY McGEE</u>	
ADDRESS	<u>1722 SUWANEE DR.</u>	
CITY <u>W. PALM BEACH</u>	FLORIDA	ZIP <u>33409</u>

ARTICLE VII - INITIAL BOARD OF DIRECTORS

This corporation shall have three (3) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	<u>Sherry McGEE, PRESIDENT</u>		
ADDRESS	<u>1722 SUWANEE DR.</u>		
CITY	<u>W. PALM BEACH</u>	STATE <u>FL</u>	ZIP <u>33409</u>
NAME	<u>AVIS LEE HILL, VICE-PRESIDENT</u>		
ADDRESS	<u>1722 SUWANEE DR.</u>		
CITY	<u>W. PALM BEACH</u>	STATE <u>FL</u>	ZIP <u>33409</u>
NAME	<u>Angela K Brown SECRETARY</u>		
ADDRESS	<u>4607 Arlette Ct</u>		
CITY	<u>Lake Worth</u>	STATE <u>FL</u>	ZIP <u>33461</u>

ARTICLE VIII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	<u>Sherry McGEE</u>		
ADDRESS	<u>1722 SUWANEE DR.</u>		
CITY	<u>W. PALM BEACH</u>	STATE <u>FL</u>	ZIP <u>33409</u>
NAME	<u>AVIS LEE HILL</u>		
ADDRESS	<u>1722 SUWANEE DR.</u>		
CITY	<u>W. PALM BEACH</u>	STATE <u>FL</u>	ZIP <u>33409</u>
NAME	<u>Angela K Brown</u>		
ADDRESS	<u>4607 Arlette Ct</u>		
CITY	<u>Lake Worth</u>	STATE <u>FL</u>	ZIP <u>33461</u>

The undersigned incorporator(s) have executed these Articles of Incorporation this 15th day of July, 19 99.

Sherry McGEE (Signature)
[Signature] (Signature)
Angela K. Brown (Signature)

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/ REGISTERED OFFICE

FILED
99 JUL 19 PM 1:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ALPHA/OMEGA INSURANCE COMPANY
(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, organized under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at 1722 SUWANEE DR.
W. PALM BEACH, FL 33409

has named Sherry McGEE, PRESIDENT

located at the aforesaid address, as its registered agent to accept service of process within this state.

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.

Sherry McGee
(Signature)

7/13/99
(Date)