|     | TRANSMITTAL LETTER  FILED  99 DEC 15 PM 1: 2  SECRETARY OF STATE Division of Corporations P. O. Box 6327 Tallahassee, FL 32314  EFFECTIVE DATE  -12/15/99-01063-020 ******78.75 ******78.  | -6             |
|-----|--|----------------|
| * * | SUBJECT: 4-STAR INSURANCE + A (Proposed corporate name - must include suffix)  TA  | UT<br>AG<br>1C |
|     | Enclosed is an original and one (1) copy of the articles of incorporation and a check for:  \$70.00 \$78.75 Filing Fee & Certificate  \$122.50 \$131.25 Filing Fee & Certified Copy & Certified Copy & Certificate  Additional Copy Required |                |
| ;   | FROM:  L. SCOTT HOFF  Name (printed or typed)  5194 SW 90TH TERR.  Address  COOPER CITY, FL, 33328   |                |

NOTE: Please provide the original and one copy of the articles.

City, State & Zip

Daytime Telephone number

ARTICLES OF INCORPORATION

EFFECTIVE DATE

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

HUTO TAGS INC.

The name of the corporation shall be:

ARTICLE II & PRINCIPAL OFFICE

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

5194 S.W. 90TH TERR. COOPER CITY, FL, 33328

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time 500 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

L. SCOTT HOFF 5194 S.W. 90TH TERR. COOPER CITY ,FL, 33328

## ARTICLE V INCORPORATOR(S)

## See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

L. SCOTT HOFF 5194 S.W. 90TH TERR. COOPER CITY, FL, 33328

MICHELLE M. HOFF 5194 s.w. 90th TERR COOPER CITY, FL, 33328

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

13 day of December 1999

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

Signature

Signature

## Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

## CERTIFICATE OF DESIGNATION OF 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: 4-ST                       | AR INSURANCE                                |  |  |  |
|---|--|---|--|--|--|
| •   | + AUTO                                     | TAGS TNC:                                   |  |  |  |
| 2. The name and address of the registered agent and office is:  L. SCOTT HOFF |  |   |  |  |  |
|   | L. SCOTT HOFF                              | 5194 S.W. 90TH TERR. COOPER CITY, FL, 33328 |  |  |  |
| (NAME)  |  |   |  |  |  |
|   | 5194 S.W. 90TH TERR.                       |   |  |  |  |
|   | (P.O. Box or Mail Drop Box NOT ACCEPTABLE) |   |  |  |  |
|   | COOPER CITY, FL, 33328                     | SSEE P                                      |  |  |  |
|   | (City/State/Zip)                           | LORDE LORDE                                 |  |  |  |

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) (DATE) 12/13/99

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314