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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

SUBJECT: DUNCAN CLAIMS MANAGEMENT, INC.

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

\$78.75 For Filing Fees & Certified Copy

FROM:

LOIS DUNCAN

3750 Haydon Court, Apt. 104

Palm Harbor, FL 34685-4108

(727) 542-7147 Daytime Telephone Number

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ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation. MEEB 3 PHID.

ARTICLE I: NAME

The name of the corporation shall be: Duncan Claims Management, Inc.

ARTICLE II: PRINCIPAL OFFICE

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

3750 Haydon Court, Apt. 104 Palm Harbor, FL 34685-4108

ARTICLE III: SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: One thousand (1,000)

ARTICLE IV: INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Lois A. Duncan 3750 Haydon Court, Apt. 104 Palm Harbor, FL 34685-4108

ARTICLE V: INCORPORATOR

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

Lois A. Duncan 3750 Haydon Court, Apt. 104 Palm Harbor, FL 34685-4108

gnature/Incorporator

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/Registered Agent