TRANSMITTAL LETTER

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

200003126372--4 -02/07/00--01129--008 *****70.00 ******70.00

Enclosed is an original and one(1) copy of the articles of incorporation and a check for:					
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status	of	
FROM	Name (I 9088 F S.W BOCA RATION	FLEISCHER Printed or typed) Address FL 3342 State & Zip	TALLAHASSEE, FLORIDA	00 FEB -7 AM 8: 42	FILED
	(561) 447- Daytime	- 4/4/ Telephone number		-	

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

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.

ARTICLE I NAME

The name of the corporation shall be: Claim and Risk Control, Inc.

ARTICLE 11 PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 7040 West Palmetto Park Road Boca Raton, FL 33433

<u>ARTICLE III</u> SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100

INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the initial registered agent are:

Steven Garcia 7040 West Palmetto Park Road Boca Raton, FL 33433

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are: Eugene Fleischer 9088F SW 22nd Street Boca Raton, FL 33428

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

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. 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