



UCC FILING & SEARCH SERVICES, INC.  
526 East Park Avenue  
Tallahassee, FL 32301  
(850) 681-6528

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UCC SERVICES

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\*\*\*\*\*78.75 \*\*\*\*\*78.75

CORPORATION NAME(S) AND DOCUMENT NUMBER(S) (if known):

Risk & Claim Loss Adjusters Inc.

FILED  
00 MAY 11 PM 9:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

☐ Walk In

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☐ Certificate of Status

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☐ Certificate of Good Standing

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☐ ARTICLES ONLY

☐ ALL CHARTER DOCS

**RUSH**

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A. Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

☐ Certificate of FICTITIOUS NAME

☐ FICTITIOUS NAME SEARCH

☐ CORP SEARCH

RECEIVED  
00 MAY 11 PM 4:36  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Ordered By: \_\_\_\_\_

Date: \_\_\_\_\_

T. SMITH MAY 12 2000

## **ARTICLES OF INCORPORATION**

**OF**

**Risk & Claim Loss Adjusters Inc.**

FILED  
00 MAY 11 PM 9:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned hereby forms a corporation under Chapter 607 of the laws of the State of Florida.

### **ARTICLE I. NAME**

The name of the corporation shall be Risk & Claim Loss Adjusters, Inc. The address of the principal office of this corporation shall be c/o Jack D. Finkelman, 1500 San Remo Avenue, Suite 125, Coral Gables, Florida 33146, and the mailing address of the corporation shall be the same.

### **ARTICLE II. NATURE OF BUSINESS**

This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory, or nation.

### **ARTICLE III. CAPITAL STOCK**

The maximum number of shares of stock the corporation is authorized to have outstanding at any one time is 500 shares all of which shall be classified as common stock and have a par value of \$1.00 each.

### **ARTICLE IV. REGISTERED AGENT**

The street address of the initial registered office of this corporation shall be 1500 San Remo Avenue, Suite 125, Coral Gables, Florida 33146 and the name of the initial registered agent of the corporation at that address is Atrium Registered Agents, Inc.

**ARTICLE V. TERM OF EXISTENCE**

This corporation is to exist perpetually.

**ARTICLE VI. OFFICERS AND DIRECTORS**

The name and address of the initial Officer and Director are:

Pedro L. Quintero  
c/o Jack D. Finkelman  
1500 San Remo Avenue, Suite 125  
Coral Gables, FL 33146

President/Secretary/Director

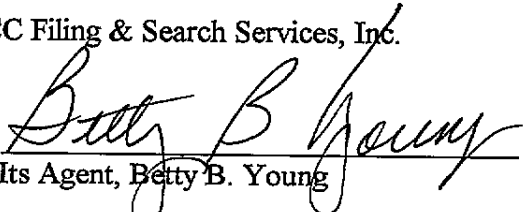
**ARTICLE VII. INCORPORATOR**

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

UCC Filing & Search Services, Inc.  
526 East Park Avenue  
Tallahassee, Florida 32301

IN WITNESS WHEREOF, the undersigned agent of UCC Filing & Search Services, Inc., has  
hereunto set her hand and seal of UCC Filing & Search Services, Inc., on May 11, 2000.

UCC Filing & Search Services, Inc.

By:   
Its Agent, Betty B. Young

**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 DESIGNATING ITS REGISTERED OFFICE/REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the corporation is: Risk & Claim Loss Adjusters Inc.

2. The name and address of the registered agent and office is:

ATRIUM REGISTERED AGENTS, INC.  
1500 SAN REMO AVENUE  
SUITE 125  
CORAL GABLES, FL 33146

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 RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE DUTIES AND OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

Robert A. Stamen  
ROBERT A. STAMEN, Director  
and Vice President

Date: May 11, 2000

**FILED**  
00 MAY 11 PM 9:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA