TRANSMITTAL LETTER

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

Enclosed is an original and one(1) copy of the articles of incorporation and a che	eck for
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\$70.00

□ \$78.75

Filing Fee

Filing Fee

& Certificate of Status

□ \$78.75

\$87.50

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

Name (Printed or typed)

*****87.50 *****87.50

Daytime Telephone number

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

ARTICLE I NAME The name of the corporation shall be:
National Claims Assistance Association Inc.
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: ARTICLE III PURPOSE The purpose for which the corporation is organized is:
6120 N.W. 32 nd Terr. Ft. Landerdale Fl. 33309
ARTICLE III PURPOSE The purpose for which the corporation is organized is:
Training contractors on how to properly hardle
ARTICLE IV SHARES The number of shares of stock is: 2000
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s) and address(es):
President - Sect. & Treasurer Edward W. Mosker
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: Edward Mosker
APTICIE VII INCOPPORATION
The name and address of the Incorporator is: Loward W. Mosker 6/20 N.W. 32 - 2 Terr.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity
E. Madan
Signature/Registered Agent Date
Signature/Registered Agent E. M. assa. Signature/Incorporator Date
Date Date

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)