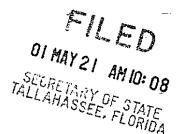
TRANSMITTAL LETTER



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

SUBJECT: Automotive Damage Appraisals Of Florida Inc.
(Proposed corporate name - nust include suffix)

700004273257--1 -05/21/01--01090--014 *****78.75 ******78.75

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

\$70,00 Filing Fee

凝約8.75

Filing Fee

& Certificate

\$122.50

Filing Fee

& Certified Copy

\$131.25

Filing Fee,

Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

FROM: Jack Hamersma

Name (Printed or type ')

606 15th Ave NE

Address

St Pete., Florida 33704

City, State & Zip

(727) - 896 - 3523

Daytime Telephone number



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:

Automotive Damage Appraisals Of Florida, Inc.

PRINCIPAL OFFICE ARTICLE II

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

P.O. Box 11167

St Pete., Florida 33733

SHARES

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

INITIAL REGISTERED AGENT AND STREET ADDRESS ARTICLE IV

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

Jack Hamersma 606 15th Ave NE St Pete., Fl 33704

INCORPORATOR ARTICLE V

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

Jack Hamersma 606 15th Ave NE St Pete., F1 33704

Signature/Incorporator

(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. 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