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TRANSMITTAL LETTER

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

100004720141--2
-12/12/01--01026--016
*****122.50 *****78.75

SUBJECT : ASSESSED RISK MANAGEMENT, INC.

Enclosed is an original and one (1) one copy of the Articles of Incorporation and a check
for : \$ 122.50 Filing fee & Certified Copy.

FROM : BEVERLY A. RYAN
1900 S. HARBOR CITY BLVD.
SUITE 227
MELBOURNE, FLORIDA 32901

FILED
01 DEC 12 PM 3:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

g/b/12

ORIGINAL

**ARTICLES OF INCORPORATION
OF**

ASSESSED RISK MANAGEMENT, INC.

The undersigned incorporated(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I

The Name of the Corporation shall be:

ASSESSED RISK MANAGEMENT, INC.

ARTICLE II PRINCIPAL OFFICE

The Principal place of business and mailing address of this corporation shall be

1900 S. HARBOR CITY BLVD.
SUITE 227
MELBOURNE, FLORIDA 32901

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ARTICLE III SHARES

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

ARTICLE IV INITIAL REGISTERED AGENT & STREET ADDRESS

STEPHEN SMITH
1900 S. HARBOR CITY BLVD.
SUITE 227
MELBOURNE, FL 32901

ARTICLE V INCORPORATED(S)

The incorporators of this Florida Corporation are as follows :

BEVERLY A. RYAN
101 S. OXFORD AVENUE
INDEPENDENCE, MO. 64053

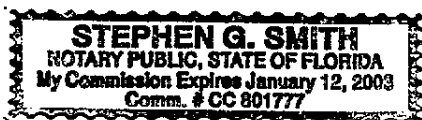
The undersigned incorporator(s) have executed these Articles of Incorporation this
10th day of DECEMBER, 2001.


BEVERLY A. RYAN

The above named person(s), who are personally known to me, appeared before me this

10TH day of DECEMBER, 2001


Notary Public



**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

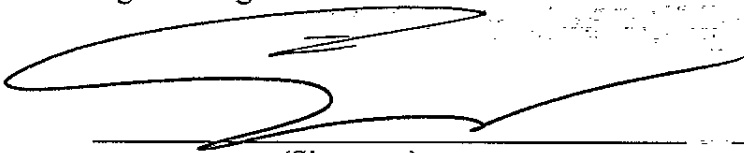
PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES,
THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE
STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN
DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE
OF FLORIDA.

1. The name of the corporation is: **ASSESSED RISK MANAGEMENT, INC.**
2. The name and address of the registered agent and office is:

**STEPHEN SMITH
1900 S. HARBOR CITY BLVD.
SUITE 227
MELBOURNE, FL 32901**

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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)

12/10/01
(Date)

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314