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

SUBJECT:

800005098348--7 -03/13/02--01008--002 *****78.75 ******78.75

Enclosed is an origina	al and one(1) copy of the articles	of incorporation and a c	heck for :	ZAN ZAN
☐ \$70.00 Filing Fee	S78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certified Copy & Certificate of Status	FILED 2002 MAR 12 PN 5: 06 SECRETARY OF STATE TALLAHASSEE, FLORIDA
		ADDITIONAL CO		5: 06 STATE STATE
FROM:	Michael Name (Pr	PAST ECN inted or typed)	AK	A
`	P.O. Bo	X 5730		
	WINTER PARK FL. 32793-5730			
/ , =	1-386 Daytime Te	-774-116	19	
AUTHORIZATION BY PHONE CORRECT MAINL & DATE 3/19 DOC. EXAM M	GAVE TO			
NOTE: Please provide the original and one copy of the articles.				

NO.ZZZ P.4/4

ARTICLES OF INCORPORATION

FILED

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation

2002 MAR 12 PM 5: 06

ARTICLE I NAME

The name of the corporation shall be:

SECRETARY OF STATE TALLAHASSEE, FLORIDA

TOTAL CLAIMS COST SOLUTIONS Inc.

ARTICLE II PRINCIPAL OFFICE

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

Winter PALK, FL. 32792

ARTICLE III SHARES

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

500

Michael

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

WINTER PAIK FT 3279

ARTICLE V INCORPORATOR

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

PASTECNAK

Michael PASTERNAK

Ment My State

Signature/Incorporator

Do OF

(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 carrifleate, 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 systems.

Signature/Registered Agent

X 03-01-2002 Date