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## Florida Department of State

Division of Corporations

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Katherine Harris, Secretary of State

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## To:

Division of Corporations  
Fax Number : (850) 205-0381

## From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
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## FLORIDA PROFIT CORPORATION OR P.A.

multi clams corp

Certificate of Status	0
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ARTICLES OF INCORPORATION  
OF  
MULTI CLAIMS CORP.

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

ARTICLE I NAME

The name of the corporation shall be:  
MULTI CLAIMS CORP.

ARTICLE II PRICIPAL OFFICE

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

12550 Biscayne Bkvd., Suite 535  
No. Miami, FL 33181

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding  
At any one time is: 500 (FIVE HUNDRED) AT \$ 1.00 PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

NANCY ORTIZ  
7751 SW 26<sup>TH</sup> STREET  
MIAMI, FLORIDA 33155

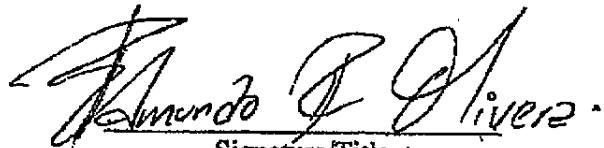
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**ARTICLE V INCORPORATOR(S)**

The name(s) and address(es) of the incorporator(s) to these Articles of incorporation is (are):

Edmundo R. Olivera - President - 520 NE 38th St., # 22  
Miami, FL 33137  
Olga E. Ariza - Vice-President - 5912 West 18 Ct.  
Hialeah, FL 33012  
Luis F. Ariza - Secretary - 5912 West 18 Ct.  
Hialeah, FL 33012  
Eunice W. Lara - Treasurer - 520 NE 38th St. # 22  
Miami, FL 33137

The undersigned has(have) executed these Articles of Incorporation this 13  
-day of May ~~XXXX~~ 2002



Signature/Title Edmundo R. Olivera/  
President



Signature/Title Olga E. Ariza/Vice-President



Signature/Title Luis F. Ariza/Secretary



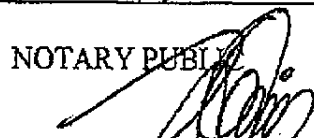
Signature/Title Eunice W. Lara  
Treasurer

State of FLORIDA

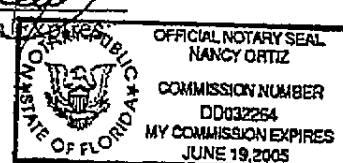
County of MIAMI-DADE

The foregoing instrument was acknowledged and sworn to before me the 13  
-day of May, 2002 by Edmundo R. Olivera, Olga E. Ariza, Luis F. Ariza & Eunice W. Lara  
of MULTICLAIMS CORP.

NOTARY PUBLIC



My commission expires



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

Pursuant 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, in the state of Florida.

1. The name of the corporation is: MULTI CLAIMS CORP.
2. The name and address of the register agent and office is:

NANCY ORTIZ  
 7751 SW 26 STREET  
 MIAMI, FLORIDA 33155

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SIGNATURE



(corporate officer)

TITLE \_ PRESIDENT \_

DATE May 13, 2002

HAVING BEEN NAMED AS REGISTER 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 REGISTRERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTER AGENT.

SIGNATURE


  
Nancy Ortiz

DATE May 13, 2002

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