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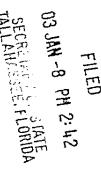
(Requestor's Name)				
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TRANSMITTAL LETTER

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

SUBJECT:	outh Flor	ida Cla	ins mai	nog d	
i	(Proposed corpor	ate name - must include suf	iix)	TH	
			•	. HK	
Enclosed is an original and one(1) copy of the articles of incorporation and a check for:					
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	U\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED		
FROM	1: Liso Do Name (P	rinted or typed)		· :	
5101 U.N. 21St ave # 200					
Flackentie Fl. 33309					
· ! :	901-7=	35 2776		· .:	

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	
ARTICLE I NAME The name of the corporation shall be: South Florida Claims Mar	nagement Inc
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 395 BOVENY COUNTY WELLOW BUT PURPOSE The purpose for which the corporation is organized is:	SECTION STATE AND A SECTION OF A PARTY OF A
ARTICLE IV SHARES The number of shares of stock is:	
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s) and address(es):	
ARTICLE VI REGISTERED AGENT The name and Florida street address registered agent is: David Onstacl 395 Bevery Court Melbourne Brach Fl. 38951	
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: David Onstad Bals Beverly Court Mcl bowne Booch Fl. 32951	
**************************************	**************************************
Signature/Registered Agent	Date
Signature/Incorporator	11-1U-00 Date

· ARTICLES OF INCORPORATION