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Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : FLORIDA INCORPORATORS, INC.  
Account Number : 075350000473  
Phone : (305) 379-7907  
Fax Number : (305) 402-3141

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**FLORIDA PROFIT CORPORATION OR P.A.**

**D & S Claims Services Inc.**

Certificate of Status	0
Certified Copy	1
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Articles Of Incorporation  
Of

D & S Claims Services Inc.

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THE UNDERSIGNED, ACTING AS INCORPORATOR OF A CORPORATION UNDER THE FLORIDA BUSINESS CORPORATION ACT, ADOPTS THE FOLLOWING ARTICLES OF INCORPORATION:

FIRST: The name of the corporation is D & S Claims Services Inc.

SECOND: The period of its duration is perpetual.

THIRD: The date of the commencement of the corporate existence shall be March 1, 2004.

FOURTH: The purpose or purposes for which the corporation is organized is to engage in the transaction of any or all lawful business for which the corporation may be incorporated under the provisions of the Florida Business Corporation Act.

FLORIDA INCORPORATORS, INC.  
8875 Hidden River Pkwy, Ste 300 1  
Tampa, FL 33637  
(813) 632-7882

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FIFTH: The aggregate number of shares which the corporation shall have authority to issue is ONE THOUSAND (1,000) SHARES of capital stock, \$.001 par value each.

SIXTH: The number of directors constituting the initial Board of Directors of the corporation is ONE (1) and the name and address of the person who is to serve as director until the first annual meeting of shareholders or until his successor is elected and qualified is:

Detlev H. Schwarz  
212 Ramsbury Ct.  
Longwood, FL 32779

SEVENTH: The name and address of the incorporator is:

Mark Hankins  
8875 Hidden River Parkway, Suite 300  
Tampa, FL 33637-2087

EIGHTH: The name and address of the initial registered agent and the initial registered office is:

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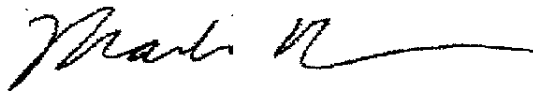
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Florida Incorporators, Inc.  
8875 Hidden River Parkway, Suite 300  
Tampa, FL 33637-2087

NINTH: The mailing address and principal office of  
the corporation is:

D & S Claims Services Inc.  
212 Ramsbury Ct.  
Longwood, FL 32779

DATED: March 2, 2004

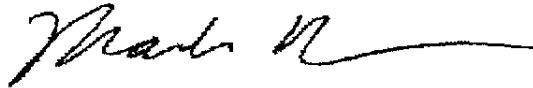


MARK HANKINS  
Incorporator

ACCEPTANCE OF REGISTERED AGENT

I hereby am familiar with and accept the duties and  
responsibilities as registered agent of the corporation.

FLORIDA INCORPORATORS, INC.



By: \_\_\_\_\_  
MARK HANKINS, President

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