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(Requestor's Name)				
(Address)				
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(Cit	ty/State/Zip/Phone	#)		
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(Document Number)				
Certified Copies	_ , Certificates	of Status		
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

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

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:				
\$70.00 Filing Fee	• •	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
		ADDITIONAL CO	PY REQUIRED	
FROM: Peter O'Donnell Name (Printed or typed) 7408 Tamarind Drive				
	Fort Pièrce	Address	17	
772-460-0113				

SUBJECT: Coastal Claims Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

NOTE: Please provide the original and one copy of the articles.

Daytime Telephone number

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I The name of the corporation shall be: Coastal Claims Inc ARTICLE II PRINCIPAL OFFICE 2408 Tamarind Drive The principal place of business/mailing address is: Fort Pierce, FL 34949 ARTICLE III **PURPOSE** Claims Adjusting Service The purpose for which the corporation is organized is: ARTICLE IV SHARES The number of shares of stock is: 100 ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): Peter O'Donnell, President Charles O'Donnell, Vice President Paula O'Donnell, Treasurer REGISTERED AGENT The name and Florida street address of the registered agent is: CHARLES F. O'DONNELL 212 OLSON AVE FT. PIERCE, FLA INCORPORATOR The name and address of the Incorporator is: Peter O'Donnell 2408 Tamarind Dr Fort Pièrce FL 34949 Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity FeB. 26 'Ut Date Signature/Registered Agent

Signature/Incorporator

 $\frac{3-36-04}{\text{Date}}$