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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 : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

FLORIDA PROFIT CORPORATION OR P.A.**ALAMO CLAIM SERVICE, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

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ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: **Alamo Claim Service, Inc.**

ARTICLE II PRINCIPAL OFFICE/ADDRESS

The mailing address of business of this corporation shall be:

**210 South Pinellas Avenue, Suite 152
Tarpon Springs, FL 34689**

ARTICLE III SHARES

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

**One-Thousand (1,000) Shares
Common Stock**

ARTICLE IV INITIAL REGISTERED AGENT

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

**David D. Serfass
49 Central Court
Tarpon Springs, FL 34689**

ARTICLE V INCORPORATOR

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

**Thorlin A. Lee
4615 Rock Elm Woods
San Antonio, TX 78249**

ARTICLE VI OFFICERS

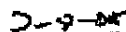
The officers of the corporation are:

**David D. Serfass: D/P
Thorlin A. Lee: D/VP/S
Peter E. Perrine: D/VP/T**

FILED
05 FEB 10 AM 10:04
TALLAHASSEE, FL
SECRETARY OF STATE



Signature/Incorporator

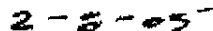


Date

Having been named as registered 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 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 as registered agent.



Signature/Registered Agent



Date