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

From:
Account Name : YOUR CAPITAL CONNECTION, INC.
Account Number : I20000000257
Phone : (850)224-8870
Fax Number : (850)224-7047

FLORIDA PROFIT/NON PROFIT CORPORATION

WHIRLWIND ADJUSTING, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$70.00

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2/24/06

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Whirlwind Adjusting, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

25146 Hyde Park Blvd
Land O' Lakes, FL 34639

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Provide claims service for insurance companies

ARTICLE IV SHARES

The number of shares of stock is:

1000 shares owned exclusively by Norma Lisa Robles

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Norma Lisa Robles, President/Proprietor
25146 Hyde Park Blvd
Land O'Lakes, FL 34639

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ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Norma Lisa Robles
25146 Hyde Park Blvd
Land O' Lakes, FL 34639

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Norma Lisa Robles
25146 Hyde Park Blvd
Land O'Lakes, FL 34639

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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.

Norma Lisa Robles — Signature/Registered Agent — 2/23/06 — Date

Norma Lisa Robles — Signature/Incorporator — 2/23/06 — Date