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Division of Corporations

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Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION

INSURANCE CLAIM MEDIATORS ADJUSTERS, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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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:

INSURANCE CLAIM MEDIATORS ADJUSTERS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

13794 SW 145 CT
MIAMI FL 33186**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

SHARES: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

ELLEN TORRES - PRESIDENT
13794 SW 145 CT
MIAMI FL 33186**ARTICLE VI REGISTERED AGENT**The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:ELLEN TORRES
13794 SW 145 CT
MIAMI FL 33186**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:ELLEN TORRES
13794 SW 145 CT
MIAMI FL 33186

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

_____
Signature/Registered Agent_____
Signature/Incorporator

JUNE 7TH 2006

Date

JUNE 7TH 2006

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