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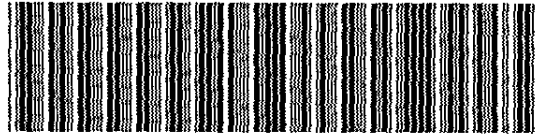
(Business Entity Name)

(Document Number)

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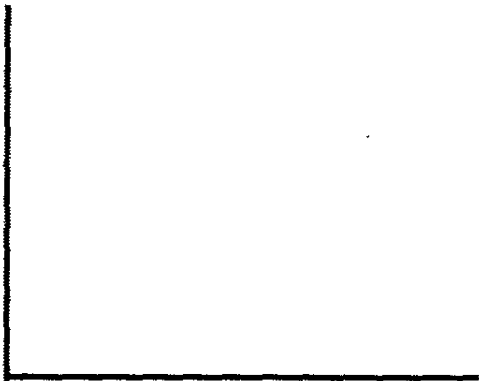
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J. Shivers JUL 27 2006

**LAZARUS**  
**CORPORATE FILING SERVICE**  
**3320 SW 87<sup>TH</sup> AVENUE**  
**MIAMI, FL 33165**  
**305-552-5973**



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**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. J&J CLAIMS SERVICES, INC  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

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**NEW FILINGS**

- Profit  
 Not for Profit  
 Limited Liability  
 Domestication  
 Other

**AMENDMENTS**

- Amendment  
 Resignation of R.A., Officer/Director  
 Change of Registered Agent  
 Dissolution/Withdrawal  
 Merger

**OTHER FILINGS**

- Annual Report  
 Fictitious Name

**REGISTRATION/QUALIFICATION**

- Foreign  
 Limited Partnership  
 Reinstatement  
 Trademark  
 Other

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Examiner's Initials

**ARTICLES OF INCORPORATION**  
**OF**

J & J Claims Services, Inc

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

**ARTICLE I**

The name of the corporation shall be:

J & J Claims Services, Inc

**ARTICLE II**

The principal place of business and mailing address of this corporation shall be:

**201 NE 11 Street #232**  
**Homestead, FL 33030**

**ARTICLE III**

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

500 shares (five hundred) @  
\$ 1.00 (one dollar)

**ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is:

Ivette Jeanine Jimenez

**201 NE 11 Street #232**  
**Homestead, FL 33030**

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**ARTICLE V INCORPORATOR (S)**

The name(s) and street address(es) of the incorporator to these Articles of Incorporation is (are):

Ivette Jeanine Jimenez, President

**201 NE 11 Street #232**  
**Homestead, FL 33030**

The undersigned has(have) executed these Articles of Incorporation this 20th day of July 2006

 / President  
Signature Title

**CERTIFICATE OF DESIGNATION**


**REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 607.325, Florida Statute, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: J & J Claim Services, Inc
2. The name and address of the registered agent and office is:

Ivette Jeanine Jimenez

**201 NE 11 Street #232**  
**Homestead, FL 33030**

Signature   
Title President  
Date 7-20-06

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFIED, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL MY STATUS RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

Signature 

Date 7-20-06

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