

Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

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FLORIDA PROFIT/NON PROFIT CORPORATION

DAMAGE CONSULTANTS SERVICES CORP

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

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

ARTICLE 1 NAME

The name of the corporation shall be:

DAMAGE CONSULTANTS SERVICES CORP

ARTICLE II PRINCIPAL OFFICE

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

3940 NW 2nd Terrace Miami, FL 33126

ARTICLE III SHARES

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

100 shares \$1.00 per value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

OSVALDO LUGO 3940 NW 2nd Terrace Miami, FL 33126 **ECFS**

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ARTICLE V INCORPORATORS(S)

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

OSYALDO LUGO 3940 NW 2nd Terrace Miami, FL 33126

ARTICLE VI DIRECTOR(S)

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

OSVALDO LUGO 3940 NW 2nd Terrace Miami, FL 33126

PRESIDENT

HECTOR MARTINEZ 3532 SW 15th Terrace Miami, FL 33145

TREASURER

The undersigned incorporator(s) has(have) executed these Articles of incorporation this November 14, 2006

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statues, 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.

The name of the corporation is:

DAMAGE CONSULTANTS SERVICES CORP

1. The name and address of the registered agent and office is:

OSVALDO LUGO 3940 NW 2nd Terrace Miami, FL 33126 SECRETARY OF STATE
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN HIS 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 STATUES 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

DATE__<u>|||</u>_