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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 205-0361

From: Account Name : YOUR CAPITAL CONNECTION, INC.
Account Number : I20000000257
Phone : (850) 224-8970
Fax Number : (850) 224-7047

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DIVISION OF CORPORATIONS
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FLORIDA PROFIT/NON PROFIT CORPORATION

ATLANTIC CLAIMS EXPERTS INC.

Certificate of Status	0
Certified Copy	1
Page Count	01
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KS
6/27/07

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:

Atlantic Claims Experts Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

910 SW 147 Ct.
Miami, FL 33190

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is:

100 shares having par value of one (1) dollar

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

Maria L. Ortega - P.
2014 NE 38 Rd
Homestead, FL 33033

M. Lourdes Ortega - VP
910 SW 147 Ct
Miami, FL 33190

ARTICLE VI REGISTERED AGENT

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

Maria L. Ortega
2014 NE 38 Road
Homestead, FL 33033

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Maria L. Ortega
2014 NE 38 Road
Homestead, FL 33033

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

6/26/07

Date



Signature/Incorporator

26
6/25/07

Date

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