

**Electronic Articles of Incorporation
For**

P07000074717
FILED
June 27, 2007
Sec. Of State
thampton

STATEWIDE INSURANCE CLAIMS ADJUSTERS INC.

The undersigned incorporator, for the purpose of forming a Florida profit corporation, hereby adopts the following Articles of Incorporation:

Article I

The name of the corporation is:

STATEWIDE INSURANCE CLAIMS ADJUSTERS INC.

Article II

The principal place of business address:

6542 HYPOLUXO RD
124
LAKEWORTH, FL. 33467

The mailing address of the corporation is:

6542 HYPOLUXO RD
124
LAKEWORTH, FL. 33467

Article III

The purpose for which this corporation is organized is:

ANY AND ALL LAWFUL BUSINESS.

Article IV

The number of shares the corporation is authorized to issue is:

100

Article V

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

ALICE M CONNOLLY
6542 HYPOLUXO RD
124
LAKEWORTH, FL. 33467

I certify that I am familiar with and accept the responsibilities of registered agent.

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Registered Agent Signature: ALICE M CONNOLLY

Article VI

The name and address of the incorporator is:

ALICE M CONNOLLY
6542 HYPOLUXO RD
124
LAKEWORTH, FL 33467

Incorporator Signature: ALICE M CONNOLLY

Article VII

The initial officer(s) and/or director(s) of the corporation is/are:

Title: PRES
ALICE M CONNOLLY
6542 HYPOLUXO RD # 124
LAKEWORTH, FL. 33467