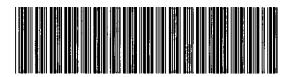
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LAZARUS

CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

Examiner's Initials

Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): Corporation Name) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Pick up time Certified Copy Walk in Mail out ☐ Photocopy Certificate of Status Will-wait -**NEW FILINGS** AMENDMENTS Profit Amendment Not for Profit Resignation of R.A., Officer/Director Change of Registered Agent Limited Liability Domestication Dissolution/Withdrawal Other Merger **OTHER FILINGS** REGISTRATION/QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Reinstatement Trademark Other

CR2E031(7/97)



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FLORIDA DEPARTMENT OF STATE
Division of Corporations DIVISION OF CORPORATIONS
TALLARIASSEE, FLORIDA

November 2, 2007

LAZARUS

WALK-IN

SUBJECT: PREFERRED CLAIM SERVICES, INC.

Ref. Number: W07000054327

We have received your document for PREFERRED CLAIM SERVICES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

An effective date <u>may</u> be added to the Articles of Incorporation <u>if a 2008 date is</u> <u>needed</u>, otherwise the date of receipt will be the file date. <u>A separate article</u> <u>must be added to the Articles of Incorporation for the effective date.</u>

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6879.

Ruby Dunlap Regulatory Specialist II New Filing Section

Letter Number: 107A00064162

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ARTICLES OF INCORPORATION TALLAHASSEE, FLORIDA

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 1 - NAME

The name of the corporation shall be:

PREFERRED CLAIM SOLUTIONS, INC.

ARTICLE II - PRINCIPAL OFFICE

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

13451 S.W. 176 Terrace Miami, Fl. 33177

ARTICLE III - SHARES

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

Sixty (60) shares of NON PAR VALUE

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Jesus David Guerrero 13451 S.W. 176 Terrace Miami, F1. 33177

07 NOV -6 AM II: 18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

Jesus David Guerrero 13451 S.W. 176 Terrace Miami, Fl. 33177

The undersigned incorporator has executed these Articles of Incorporation this 30 day of October 2007

- 1

ARTICLE VI- DIRECTOR (S)

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

Jesus David Guerrero 13451 S.W. 176 Terrace Miami, Fl. 33177

President

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this 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 statutes related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature