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TRANSMITTAL LETTER

SECRETARY OF STATE TALLAHASSEE. FLORIDA

DEPARTMENT OF STATE DIVISION OF CORPORATIONS PO BOX 6327 TALLAHASSEE, FL 32314

SUBJECT:

YOUR PUBLIC ADJUSTER, INC. (PROPOSED CORPORATE NAME)

ENCLOSED IS AN ORIGINAL AND ONE COPY OF THE ARTICLES OF INCORPORATION AND A CHECK FOR \$ 78.75.

FROM:

RICHARD L. RIESENBERG

ACCOUNTANT

644 E. HALLANDALE BEACH BOULEVARD

HALLANDALE BEACH, FL 33009

954-458-5514

ARTICLES OF INCORPORATION OF

YOUR PUBLIC ADJUSTER, 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 #1 NAME OF THE CORPORATION YOUR PUBLIC ADJUSTER, INC.

ARTICLE #2 PRINCIPAL OFFICE OF THE CORPORATION
3350 SW 148TH AVENUE, SUITE 110, MIRAMAR, FL 33027

ARTICLE #3 NUMBER OF SHARES 1000 COMMON

ARTICLE #4 INITIAL REGISTERED AGENT FOR THE CORPORATION WILLIAM WITTON, SR

ARTICLE #5 INCORPORATOR(S)

WILLIAM WITTON, SR 12850 W STATE ROAD 84, UNIT 7-20, DAVIE, FL 33325

ARTICLE # 6 INITIAL OFFICERS AND DIRECTOR(S)

P,S,D WILLIAM WITTON, SR 12850 W STATE ROAD 84, UNIT 7-20, DAVIE, FL 33325

PRESIDENT

CERTIFICATE OF DESIGNATION REGISTERED AGENT AND REGISTERED OFFICE

PERSUANT TO THE PROVISIONS OF SECTIONS 607.0501 OR 617.0501, UNDER THE FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT DESIGNATING THE REGISTERED AGENT AND THE REGISTERED OFFICE OF THE CORPORATION IN THE STATE OF FLORIDA.

- 1. NAME OF CORPORATION: YOUR PUBLIC ADJUSTER, INC.
- 2. NAME AND ADDRESS OF RESIDENT AGENT:

WILLIAM WITTON, SR 12850 W STATE ROAD 84, UNIT 7-20 DAVIE, FL 33325

HAVING BEEN NAMED AS REGISTERED AGENT AND, TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE 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 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

WILLIAM WITTON, SR PRINTED NAME

1-408

DATE