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PICK-U	P WAIT MAIL			
<u> </u>	(Business Entity Name)			
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Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				
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Office Use Only				



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SECURITARY OF STATE

T. Burch MAK 20 200

COVER LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: Damage	e Assessment Services, Inc. (PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the artic	eles of incorporation and	a check for:
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM: Da	ve Mercado Name	(Printed or typed)	
	17130 SW 93rd Ave	Address	
	Miami, FL 33157	, State & Zip	
	305-979-1441 Davtime 1	Felephone number	

NOTE: Please provide the original and one copy of the articles.

FILED

2000 MAR 26 PM 4: 25

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

SECRETARY OF STATE TALLAHASSEE, PLORIDA

Date

ARTICLE I NAME

The name of the corporation shall be:

Damage Assessment Services, Inc.

ARTICLE II PRINCIPAL OFFICE

The principle <u>street</u> address and mailing address, if different is: 17130 SW 93rd Ave Miami, FL 33157

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Profit

ARTICLE IV SHARES

The number of shares of stock is: one hundred (100)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): Dave Mercado 17130 SW 93rd Ave Miami, FL 33157

ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box **NOT** acceptable) of the registered agent is:

Dave Mercado 17130 SW 93rd Ave Miami, FL 33157

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Signature/Incorporator

Dave Mercado 17130 SW 93rd Ave Miami, FL 33157

****************	**********
Having been named as registered agent to accept service of process for ti	he above stated corporation at the place designated in this
certificate, I am familiar with and accept the appointment as registered age.	nt and agree to act in this capacity
1 Amell	1 3/24/08
Signature/Registered Agent	Date / 3/14/89