Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : AGENTS

: AGENTS AND CORPORATIONS, INC

Account Number: I20010000112

: (302)575-0875

Phone Fax Number

: (302)575-0925

FLORIDA PROFIT/NON PROFIT CORPORATION

Complex Claims Solutions Inc.

Certificate of Status	0
Certified Copy	0
Page Count	01
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ARTICLES OF INCORPORATION OF

Complex Claims Solutions Inc.

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

ARTICLE 1 NAME

The name of the corporation shall be: Complex Claims Solutions Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 1431 Riverplace Blvd. Ste.2902, Jacksonville, Florida 32207

PURPOSE ARTICLE III

The purpose for which the corporation is organized is to engage in any lawful act or activity for which corporations may be organized under the Florida Business Corporations Act of the State of Florida.

SHARES

The number of shares of stock authorized to issue 1,500 shares of no par common voting stock.

ARTICLE V REGISTERED AGENT

The name and Florida street address of the registered agent is Agents and Corporations, Inc., 300 Fifth Avenue South, Suite 101-330, Naples, FL 34102.

ARTICLE VI **INCORPORATOR**

The name and address of the Incorporator is: David N. Williams, Esq., 300 Fifth Avenue South, Suite 101-330, Naples, FL 34102.

ARTICLE VII OFFICERS/DIRECTORS

The name and address of the Officer/Director is:

Patrick Whitford - Director/President

2176 Salt Myrtle Lane, Fleming Island, FL 32003

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 appointment as registered agent and agree to act in this capacity

Agents and Corporations, Inc., Registered Agent

David N. Williams, President

Signature/Incorporator, David N. Williams

<u>25/09</u>