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Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
silver point public adjusters inc

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(4)

ARTICLES OF INCORPORATION

OF

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SILVER POINT PUBLIC ADJUSTERS 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 I NAME

The name of the corporation shall be:

SILVER POINT PUBLIC ADJUSTERS INC

ARTICLE II PRINCIPAL OFFICE

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

15781 SW 138 TERRACE
MIAMI, FL 33196

ARTICLE III CAPITAL STOCK

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

300

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

LIZET IZQUIERDO
15781 SW 138 TERRACE
MIAMI, FL 33196

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ARTICLE V INCORPORATOR(S)

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

LIZET IZQUIERDO
15781 SW 138 TERRACE
MIAMI FL 33196

The undersigned has(have) executed these Articles of Incorporation this

10th day of NOVEMBER 2010



Signature/Title President

Signature/Title

Signature/Title

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**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: SIOVER POINT PUBLIC ADJUSTERS INC

2. The name and address of the registered agent and office is:

LIZET IZQUIERDO 15781 SW 138 TERRACE
(P.O. BOX NOT ACCEPTABLE)

MIAMI, FLORIDA 33196
(CITY/STATE/ZIP)

SIGNATURE


(corporate officer)

TITLE PRESIDENT

DATE NOV 10 2010

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE



DATE NOV 10 2010

REGISTERED AGENT FILING FEE: \$20.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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