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**FLORIDA PROFIT/NON PROFIT CORPORATION
FLORIDA LIVING CLAIMS SPECIALISTS INC.**

Certificate of Status	0
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January 25 2011

To whom it may concern:

Please be advised that the owners of the company Florida Living Claims
Specialists Inc. with the document number P07000069357 are the same as those
who are opening this new company with the same name. Thank you.

Beyanda DePenna Sincerely,
Beyanda DePenna

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ARTICLES OF INCORPORATION

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.

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ARTICLE I - NAME

The name of the corporation shall be:

FLORIDA Living Claims Specialists Inc.

ARTICLE II - PRINCIPAL OFFICE

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

19501 W COUNTRY CLUB DR. APT. 1112
AVENTURA FL 33180

ARTICLE III - SHARES

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

100

ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

BEYARDA DePena
19501 W COUNTRY CLUB DR.
APT. 1112
AVENTURA FL 33180

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ARTICLE V - INCORPORATOR

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

BEYARDA Depena

19501 W COUNTRY CLUB DR. Apt. 1112

AVENTURA FL 33180

The undersigned incorporator has executed these Articles of Incorporation this

25 day of January 2011.

Signature

ARTICLE VI - DIRECTOR (S)

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

BEYARDA Depena (P)

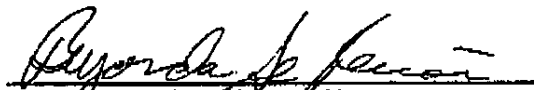
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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

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