TRANSMITTAL LETTER

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

000001440870 -03/28/95--01009--002 ******78.75 *****78.75

	D-CLAIMS INC Proposed corporate	name - must include su		···· 10. 10 · · · · · · · · · · · · · · · · · ·	
Enclosed is an origination:	al and one (1) co	py of the articles o	f incorporation	and a check	
\$70.00 Filing Fee	X \$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy Additional Copy	\$131.25 Filing Fee, Certified Copy & Certificate y Required		
FROM:	THERESA A.	HESTER		-	
	Name (printed or typed)				
	2934 BERNI	CE COURT			
	Address JACKSONVILLE, FL 32257 368/				
	City				
	(904) 268-	0524	(
	Davtime 1		$J \mathcal{U} / J$		

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

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the fullowing Articles of Incorporation.

ARTICLE | NAME

The name of the corporation shall be:

PRO-CLAIMS, INC.

ARTICLE II PRINCIPAL OFFICE

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

2934 BERNICE COURT

JACKSONVILLE, FL 32257

ARTICLE III SHARES

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

500

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

THERESA A. HESTER
2934 BERNICE COURT
JACKSONVILLE, FL 32257

ARTICLE V INCORPORATOR(S)

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

THERESA A. HESTER
2934 BERNICE COURT
JACKSONVILLE, FL 322

	day of	March	10	95	
	uay 01		, 19	 •	
21.) lloates			
	Lead.	1. Wester			
		Signature			

Articles of Incorporation Filing Fee - \$35

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDAY 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:	PRO-CLAIMS,	INC.			
					H.R.J.		
2.	The name	and address of the re	gistered agent and	office is:			
	_	THERESA A. HES	TER				
			(Name)				
	2934 BERNICE COURT						
	(P.O. Box or Mail Drop Box NOT acceptable)						
	_	JACKSONVILLE,	FL 32257				
	 -		(City/State/Zip)				
Ha	ving been r	named as registered a	gent and to accept	service of process	for the		
api	ove stated c appointme	corporation at the plac nt as registered agen	ce designated in this It and agree to act ii	s certificate, I hereb n this capacity. I fur	y accept ther acree		
to (for tio	comply with mance of m n as registel	named as registered a corporation at the place of as registered agen of the provisions of all a y duties, and I am fam red agent.	statutes relating to iliar with and accep	the proper and com t the obligations of	olete per- my posi-		
<u></u>	Sherer	setarl.D.s.	_	3/22/95			
7		(Signature)		(Date)			