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CAPITAL CONNECTION, INC.	
417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870 Mailing Address: Post Office Box 10349, Tallahassee, FL 32302 TOLL FREE No. 1-800-342-8062	RE: Accuraço Auto
FAX (904) 222-1222	C.C. FEE. DISBURSE
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Please remit invoice number with payment TERMS: NET 10 DAYS FROM INVOICE DATE 1 1/2% per month on Past Due Amounts Pasi 30 Days, 18% per Annum

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95 APR 43 PH LARTICLES OF INCORPORATION

BECKER BOLL MARINE.

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:
Accuracy Auto Appraisal, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 114 11th Street
Blountstown, Florida 32424

ARTICLE III SHARES

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

100 Shares nominal or par value \$10.00

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Barbara Hathaway Hwy 71 North Rt 2 Box 212 Altha, Florida 32421

ARTICLE V INCORPORATOR(S)

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

Barbara Hathaway Hwy 71 North Rt 2 Box 212 Altha, Florida 32421

27th	day of	March .	, 19_ ⁹⁵	
	Barbara	K Hail Signature	haus	
		Signature		

Articles of Incorporation Filing Fee - \$35

Signature

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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:	Accura	accuracy Auto Appraisal, Inc.			
	•	114 11	th Str stown,	eet Florida 32	2424	
2. The name	e and address of the re	egistered ager	nt and of	fice is:		
	Barbar	a Hathaway				
		(Name)			-	
	Hwy 71	North Rt	2 Box	212		
(P.O. Box not acceptable)						
	Altha,	Florida	3242	1		
		(City/State/Zip	0)		_	
Having been above stated the appointm to comply wi mance of my as registered	named as registered I corporation at the pla nent as registered age th the provisions of all duties, and I am famili I agent.	agent and to a nce designated nt and agree t statutes relat ar with and ad	accept so d in this o o act in a ing to the ccept the	ervice of proce certificate, I he this capacity. he proper and c e obligations o	ess for the ereby accept I further agree omplete perfor f my position	
Barbar	Signature)	ZX		3/27/95 (Date)		