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SUITE 200 MIAMI FL 33135-STATE OF FLORIDA 409 EAST GAINES STREET TALLAHASSEE, FL 32399 CONTACT: RAY **STORMONT** FAX: (904) 922~4000 PHONE: (305) 541-3694 FAX: (305) 541-3770

DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A. (((H96000004508)))

NAME: AMERICAN BENCHWARK CLAIMS SERVICE, INC.
UMBER: H95000004508 CURRENT STATUS: REQUESTED FAX AUDIT NUMBER: H95000004508 DATE REQUESTED: 04/21/1995 TIME REQUESTED: 12:20:18 GERTIFICATE OF STATUS: 0 CERTIFIED COPIES: 1

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70 to 1.1 (July 1.1)

ARTICLES OF CORPORATION

ARTICLE_ONG

The name of this corporation is AMERICAN RENGEMENT CLAIMS SERVICE, INC.

ARTICLE TWO

This corporation is organized for the purpose of transacting any and all lawful business. The business address of the corporation is 5201 Revenewood Road, Suite 114, Ft. Laudordale, Florida 33312.

ARTICLE THERE

This corporation shall have perpetual existence.

ARTICLE FOUR

This corporation is authorized to issue 100 shares of stock; \$1.00 par value per share, all of which shall be common stock of the same class. All stock issued shall be fully paid and nonessessable.

ARTICLE FIVE

The street address of the initial registered office of this corporation is 190 Ivas Dairy Road, Suite 206, North Miami Beach, Dade County, Florida 33179; and the initial registered agent of this corporation is RICHARD A. BOLTON, ESQ.

ARTICLE SIX

This corporation shall have one director initially. The number of directors may be increased from time to time by the bylaws, but shall never be less than one. The names and addresses of the initial directors of this corporation are as follows

Appared by:
Richard Bolton
FIBUTIZESS61
190 Ives Dairy Rd.#200
N-Miami Beach, FI33179
305-653-8223

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Steven A. Slor 23112 S.W. 54th Avenue Book Raton, FL 33433

The offices to be held by the above-named directors are as follows:

Steven A. Slor

President

Steven A. Slor

Secretary/Tressurer

ARTICLE SEVEN

The names and post office addresses of each subscriber of these Articles of Incorporation, and a statement of the number of shares of stock which each agrees to take is as follows:

MAME	ADDRESS	MO. SHAPES	VALUE
Steven A. Slor	23112 8.W. 54th Avenue Boda Raton, FL 33433	100	\$1100.00

ANTICLE FIGHT

The provision of the Charter, and each and every Article and Section hereof, and the bylaws of this corporation shall be considered a part of every contract and transaction to which the corporation shall be a party. Every person, association and/or corporation dealing with this corporation is hereby charged with notice and knowledge of this corporation.

IN WITNESS WHEREFORE, I have becaunto set my hand and seal as

dated below. Date: Sail 19, 1995

STATE OF FLORIDA) COUNTY OF DADE BY: STEVEN A. SLOR

BEFORE ME, the undersigned authority, personally appeared STEVEN A. SLOR, to me well known to be the person described herein,

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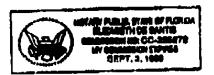
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executed and subscribed to the foreyoing Articles of Incorporation, and he acknowledged before me that he executed and subscribed to the same for the purposes therein expressed.

WHEREFORE, witness my hand and official seal at Dade County, Florida, State and County last aforesaid, this 15 day of Quel, 1998.

By: Mortes Police State of Plorida at Large.

My Commission Expires:



CERTIFICATE DESIGNATION MITHIM PLORIDA

In pursuance of Chapter 48.091, Florida Statutes, the following is submitted, in compliance with wald act.

FIRST AND THAT, AMERICAN ASSOCIATE CLATMS STRUCK, INC.

desiring to organise under the laws of the State of Florida with its principal place of business, as indicated in the Articles of Incorporation at City of Fort Lauderdale, County of Broward, State of Florida, has named archaen A. BOLTON, MEGYTER

located at 180 IVES DAIRY ROAD, SUITE 288, City of MINES MINES BEACE, State of FLORIDA BE its agent to accept service of process within this State.

Signature:

Title

Date

ACKNOWLEDGEMENT: (MUST BE SIGNED BY DESIGNATED AGENT)

Having been named to accept service of process for the above stated corporation, at place designated in this certificate, I hereby accept to act in this capacity, and agree to comply with the provision of said Act relative to the proper performance of my duties.

(Resident Agent)

Date