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TRANSMITTAL LETTER

TILITO TOTA STATE CATIONS

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Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 700001578907 -08/30/95--01071--011 ****122.50 ****122.50

\$70.00	\$78.75	opy of the articles o	\$131.25
Filing Fee	Filing Fee & Certificate	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate
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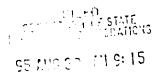
(Proposed corporate name - must include suffix)

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

Daytime Telephone number

cr 9/5/95

ARTICLES OF INCORPORATION OF SUNSHINE INSURANCE CLAIM SERVICES, INC.



ARTICLE I NAME AND ADDRESS OF CORPORATION

The name of the corporation shall be: Sunshine Insurance Claims Services, Inc. The address of the corporation shall be: 8320 N.W. 10th Street, Pembroke Pines, Florida 33024.

ARTICLE II TERM

The corporation shall exist perpetually unless sooner dissolved according to law, commencing on the date and time of filing of the Articles of Incorporation by the Department of State stated herebelow.

ARTICLE III PURPOSE AND POWERS

This corporation is organized for the purpose of assisting insured individuals with the settlement of insurance claims by representing insureds under power of attorney and/or employing duly licensed legally authorized insurance adjusters to perform such services.

ARTICLE IV CAPITAL STOCK

The aggregate number of shares which the corporation has authority to issue is One Hundred (100), all of which shall be common shares with par value of One Dollar (\$1.00) per share.

ARTICLE V INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is: Virginia M.Swanson, 8320 N.W. 10th Street, Pembroke Pines, Florida 33024.

ARTICLE VI INITIAL BOARD OF DIRECTORS

The board of directors of the corporation shall consist of not less than one (1) members as fixed and determined from time to time by the shareholders.

The name and address of the members of the first Board of Directors are:

VIRGINIA M. SWANSON

8320 N.W. 10th Street Pembroke Pines, Florida 33024

ARTICLE VII INCORPORATORS

The names and street addresses of the incorporators to these Articles of Incorporation are

VIRGINIA M SWANSON

8320 N W 10th Street Pembroke Pines, Florida 33024

ARTICLE VIII EXECUTIVE COMMITEE

The Board of Directors may, by resolution, designate two or more of their number to substitute an Executive Committee, who, to the extent provided in such resolution, or in the By Laws of the corporation, shall have and may exercise the powers of the Board of Directors. The Board of Directors may, by resolution, discontinue the Executive Committee or change the members thereof at any time.

ARTICLE IX INDEMIFICATION

The Corporation shall indemnify any officer or director or any former officer of director or member of the Executive Committee or any shareholder to the full extent permitted by law.

ARTICLE X DISQUALIFICATION

If any officer, shareholder, agent or employee who has been rendering professional services to the public becomes legally disqualified to render such professional services within any state or accepts employment that, pursuant to existing law, places restrictions or limitations upon his/her continued rendering of such professional services, he/she shall sever all employment with and financial interests in this corporation forthwith.

ARTICLE XI AMENDMENT

The corporation reserves the right to amend or repeal any $\mathfrak p$ rights conferred upon the shareholders is subject to this reservation.

The undersigned have executed these Articles of Incorporation this 21th day of August, 1995.

Signature/Title Virginia Swanson

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

TALLAR STATE STATE STATE STATE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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: DUNSHINE INSURANCE			
	1 LAIM SERVICES, IN.			
2.	2. The name and address of the registered agent and office is:			
	(NAME)			
	(P.O. Box or Mail Drop Box NOT ACCEPTABLE)			
	PEINEROKE PINES, the 33024 (CITY/STATE/ZIP)			

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby acc_r: the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

1/3C102/11 Sevenson - 31/21/75 (SIGNATURE) (DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314