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

Mitigation, Inc.

(Demosed comorate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$78.75 D\$122.50 Filing Fee Filing Fee & Certified Copy & Certificate

\$131.25 Filing Fee, Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

به المحرر المات

Name (Printed or typed)

204 Quayside, Cr. # 404

Address FROM: Robert T. Greene
Name (Printed or typed)

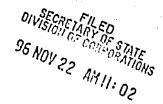
Maitland, FL 32751 City, State & Zip

(407) 629 - 4073

Daytime Telephone number

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 following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Mitigation, Inc.

ARTICLE II PRINCIPAL OFFICE

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

204 Quayside Cr. #404 Maitland, Fl 32751

ARTICLE III SHARES

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

1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

Robert T. Greene 204 Quayside, Cr #404 Maitland, Fl 32751

## ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

Robert T Greene 204 Quayside Cr. # 404 Matland, F2 32751

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

22 day of November, 19 96.

(An additional article must be added if an effective date is requested.)

Signature

Signature

## Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

## CERTIFICATE OF DESIGNATION OF SECURITY REGISTERED AGENT/REGISTERED OFFICE

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:	Mitigation, Inc.
2. The name and address of the regi	stered agent and office is:
Robe	(NAME)
(P.O. B	Ougy side Cr. #404  OX OF Mail D:OP BOX NOT ACCEPTABLE)

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 accept 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.

(SIGNATURE) 1/22/96
(DATE)