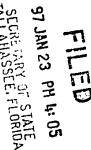
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Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314



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SUBJECT:	Proposed corpora	uting Inc. Ite name - mist include suff	ix)	-
		00	100020663 -01/23/9701(*****78.75	\$ 40——7 372—010 *****78.75
Enclosed is an original a	nd one(1) copy of the articles	of incorporation and a c	:heck for :	_
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	S122.50 Filing Fee & Certified Copy ADDITIONAL CO	\$131.25 Filing Fee, Certified Copy & Certificate	
FROM:	Claudia Cas Name (Printed	stro		l
	PO BOX 363=			
	Winter Spri	195, FL 3:	}.708	

AL JAN 29 1997

407 - 695 - 350 A

Daytime Telephone number

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

ARTICLES OF INCORPORATION

FILED
97 JAN 23 PH 4: 05
SECRETARY OF STATE FLORIDA
TALLAHASSLE, FLORIDA

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:

Claims Consulting, Inc.

ARTICLE II PRINCIPAL OFFICE

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

Location:

1063 Chesterfield Circle Winter Springs, fl 32708

Hauling .

Po Box 3633 Winter Springs, Fi 32708

ARTICLE III SHARES

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

100

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

Claudia H. Castro 1063 Chesterfield arche Winter Springs, fl. 32708

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):

Claudia H. Castro 1063 Chesterfield Circle Winter Springo, fr. 32708

The undersigned	incorporator(s) has(have) executed the	ese Articles of Incorporat	ion this
14th day of	January	1 196	77	

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

Claudia H Casilo
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 REGISTERED AGENT/REGISTERED OFFICE

FILED

97 JAN 23 PH 4: 05

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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 Claums Consulting Inc.
	3
2.	The name and address of the registered agent and office is:
	Claudia H. Castro
	(P. O. Box or Mail Drop Box NOT ACCEPTABLE)
	Winter Springo fr 32708

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.

Claudie No Castro 1-14-97 (Date)