

P97000024931

TRANSMITTAL LETTER

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

100002114621--1  
-03/17/97--01030--019  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: Universal Claim Adjusters, Inc.  
(Proposed corporate name - must include suffix)

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

<input type="checkbox"/>	\$ 70.00	<input checked="" type="checkbox"/>	\$ 78.75	<input type="checkbox"/>	\$ 122.50	<input type="checkbox"/>	\$ 131.25
Filing Fee		Filing Fee & Certificate		Filing Fee & Certified Copy		Filing Fee Certified Copy & Certificate	

FROM: Maged Youssef  
Name (print or type)  
3810 South Point Drive  
Address  
Orlando, FL 32822  
City, State & Zip  
(407) 658-6159  
Daytime Telephone number

FILED  
97 MAR 17 AM 9:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOTE: PLEASE PROVIDE THE ORIGINAL AND ONE COPY OF THE ARTICLES

R. C. GILBERT MAR 20 1997

## 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:

Universal Claim Adjusters, Inc.

### ARTICLE II PRINCIPAL OFFICE

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

P.O. Box 4415  
Winter Park, FL 32793

### ARTICLE III SHARES

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

6000 Shares

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Maged Youssef  
3810 South Point Drive  
Orlando, FL 32822

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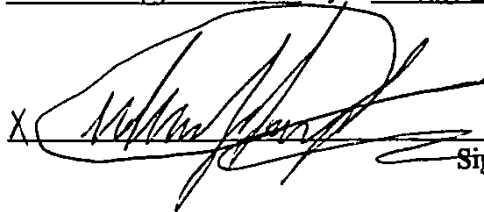
**ARTICLE V INCORPORATOR(S)**

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

Maged Youssef  
3810 South Point Drive  
Orlando, FL 32822

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

\_\_\_\_ 13 \_\_\_\_ day of March \_\_\_\_, 19 97 \_\_\_\_.

X  \_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**Articles of Incorporation  
Filing Fee-\$ 35**

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, FLORIDA  
ATATUTES, 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: Universal Claim Adjusters, Inc.

2. The name and address of the registered agent and office is:

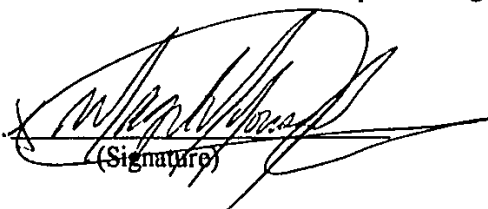
Maged Youssef  
(Name)

3810 South Point Drive  
(P.O. Box not acceptable)

Orlando, FL 32822  
(City, State, Zip)

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TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process fort he above  
stated corporation at the place designed 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)