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97 APR 30 PM 3: 09

CECKLIANY OF STATE TALLAHASSEE, FLORIDA

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

800002160748--8 -04/30/97--01086--015 ****105.00 *****70.00

Enclosed is an original and one(1) copy of the articles of incorporation and a check for : \$122.50 \$131.25 \$70.00 \$78.75 Filing Fee Filing Fee, Filing Fee Filing Fee & Certified Copy Certified Copy & Certificate & Certificate ADDITIONAL COPY REQUIRED J (-eochegon Name (Printed or typed) will wait 904 575 0909 Daytime Telephone number

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

Stateline Activaters, Inc.
(Proposed corporate name - must include suffix)

ARTICLES OF INCORPORATION

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The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Stateline Adjusters, Inc.

ARTICLE II PRINCIPAL OFFICE

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

4531 Moore Circle / 3913.7 N Mooroe St #9
Tall F1 32304 / Tall F1 32303

ARTICLE III SHARES

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

1000 por value @ \$10-per

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Michael J Geoghegan 3813.7 N Monroe St #9 Tall Fl 32303

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

michael J Geoghegon 3813.7 N Monroe st #9 Tall Fl 32303

Signature/Incorporator

4/30/87 Date

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

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/Registered Agent

4/30/97 Date