

TRANSMITTAL LETTER

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

SUBJECT:

*GILES CATASTROPHE SERVICES INC.*

(Proposed corporate name - must include suffix)

400002336484--3

② -11/03/97--01118--011  
\*\*\*\*131.25 \*\*\*\*131.25

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

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate

☐ \$122.50  
Filing Fee  
& Certified Copy

☒ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

ADDITIONAL COPY REQUIRED

FROM:

*Jimmie Giles*

Name (Printed or typed)

*4732 N. DALE Mabry*

Address

*Tampa FL 33614*

City, State & Zip

*1-888-354*

Daytime Telephone number

FILED  
97 NOV -3 PM 2:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

397400053370

Done  
11/4/97

## ARTICLES OF INCORPORATION

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

### ARTICLE I NAME

The name of the corporation shall be:

GILES CATASTROPHE SERVICES, Inc

### ARTICLE II PRINCIPAL OFFICE

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

GILES CATASTROPHE SERVICES, Inc  
DALE MABRY OFFICES  
4732 N. DALE MABRY Suite 412  
Tampa FL 33614

### ARTICLE III SHARES

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

1000. shares

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Jimmie GILES  
18124 Gunn Hwy  
Odessa FL 33556

### ARTICLE V INCORPORATOR

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

Jimmie GILES  
18124 GUNN HWY  
Odessa FL 33556

  
Signature/Incorporator

10-27-97  
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

10-28-97  
Date

FILED  
97 NOV -3 PM 2:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA