COSCIENTAL LIFTER 5426

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

500002403075--6 -01/16/98--01066--010 *****78.75 ******78.75

SUBJECT: Appraisal Options Inc. (Proposed corporate name - must include suffix)				
Enclosed is an origin	al and one(1) copy of the articles	s of incorporation and a	check for :	
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy ADDITIONAL CO	\$131.25 Filing Fee, Certified Copy & Certificate	
FROM: Alexander M. Dering Name (Printed or typed) 100 B. Normandy Dr. Address				
	(407) 931-0	FL 34759 State & Zip 514 elephone number	98 JAN 16 AM 9: 29 SECRETAIN O STATE TALLAHASSEE, FLORIDA	

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



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:

Appraisal Options Inc.



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

600 North Thacker Ave.

Suite D-39

Kissimmee.FL 34741

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

1 common stock share

INITIAL REGISTERED AGENT AND STREET ADDRESS ARTICLE IV

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

Melisa R. Deriva

1100 B. Normandy Dr.

hissimmee IFL 34759

ARTICLE V **INCORPORATOR**

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

Alexander M. Dering 1100 B. Normandy Dr.

hissimmee, FL 34759

Signature/Incorporator

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