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STEVEN M. BUSCH

ATTORNEY AT LAW

Tel: 954-925-8080

1930 Tyler Street
Hollywood, Florida 33020

Florida Dept. of State
Division of Corporation
P.O. Box 6327
Tallahassee, Florida 32314

RE: SAFE HARBOR CLAIMS INC.
Articles of Incorporation

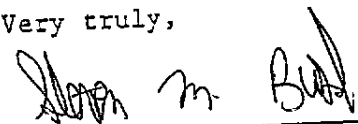
Dear Sir/Madam

Enclosed please find original and one copy of Articles of Incorporation relative to the above-captioned. After your review and approval, kindly issue a Certificate of Incorporation and Charter Number.

Also enclosed is a check in the amount of \$122.50 covering fees, Charter tax and Certificate designating Registered Agent.

Thank you for your prompt attention to this matter.

Very truly,



Steven M. Busch
1930 Tyler Street
Hollywood, FL 33020
Tel: 954-925-8080

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
99 JAN 19 AM 9:47

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JAN 23 1999

ARTICLES OF INCORPORATION

OF

SAFE HARBOR CLAIMS INC.

FILED
CLERK OF STATE
OFFICE OF CORPORATION
99 JAN 19 AM 9:47

The undersigned incorporator hereby forms a corporation under Chapter 607 of the laws of the State of Florida.

ARTICLE I. NAME

The name of the corporation shall be: Safe Harbor Claims Inc.

The address of the principal office of this corporation shall be 7020 SW 13th Street, Pembroke Pines, Florida 33023

☒ and the mailing address of the corporation shall be the same.

ARTICLE II. NATURE OF BUSINESS

This corporation may engage or transact in any or all lawful activities of business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation, and that activity/business shall include but not be limited to insurance adjusting

ARTICLE III. CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 100 shares of common stock having \$1.00 par value per share.

ARTICLE IV. ADDRESS

The street address of the initial registered office of the corporation shall be 7020 SW 13th Street Pembroke Pines, Florida 33023 and the name of the initial registered agent of the corporation at that address is DAVE MASSEY

ARTICLE V. TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE VI. DIRECTORS

The names and addresses of the initial Director of the corporation who shall hold office for the first year of the corporation; or until their successors are elected or appointed is Dave Massey, 7020 SW 13th Street Pembroke Pines, FL 33023

ARTICLE VII INCORPORATOR

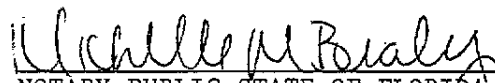
The name and address of the incorporator to the Articles of Incorporation is Dave Massey

IN WITNESS WHEREOF the undersigned has signed these Articles of Incorporation on this 14th day of January, 1999


DAVE MASSEY-INCORPORATOR

State of Florida
County of Broward

ACKNOWLEDGED before me on this 14 day of January, 1999 by Dave Massey, who is personally known to me/ or produced Florida license as identification and who executed the foregoing Articles of Incorporation and acknowledged to and before me that he executed said instrument for the purposes herein expressed


NOTARY PUBLIC-STATE OF FLORIDA
Printed Name: Michelle Bialy
Commission NO. CC 790789
My Commission Expires: 11/15/02



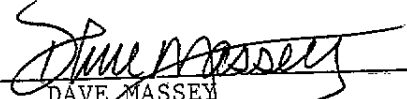
Michelle M. Bialy
MY COMMISSION # CC790789 EXPIRES
November 15, 2002
BONDED THRU TROY FAIN INSURANCE, INC.

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to applicable section of Florida Statutes, the undersigned corporation organized under the laws of the State of Florida, submits the following statement in designating the registered office/agent in the State of Florida

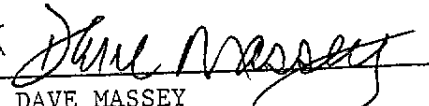
1. The name of the corporation is Safe Harbor Claims Inc.
2. The name and address of the registered agent and office is:

Dave Massey
7020 SW 13th Street
Pembroke Pines, FL 33023

X 
DAVE MASSEY

ACKNOWLEDGMENT AND ACCEPTANCE

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

X 
DAVE MASSEY

99 JAN 19 AM 9:47

STATE OF FLORIDA
DEPARTMENT OF REVENUE