

P99000065610

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

SUBJECT:

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

() \$70.00
Filing Fee

(X) \$78.75
Filing Fee
& Certificate

() \$122.50
Filing Fee
& Certified
Copy

() \$131.25
Filing Fee
Certified Copy
& Certificate

FROM:

TRUDY HASLIM, E.A.
8623 REGENCY PARK BLVD.
PORT RICHEY, FL 34668

(727) 841-0311

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*****78.75 *****78.75

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99 JUL 16 PM 3:44
SECRETARY OF STATE
TALLAHASSEE, FL 32314

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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:

TOTAL LOSS CONTROL, INC.

ARTICLE II PRINCIPAL OFFICE

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

P.O. BOX 3969
HOLIDAY, FLORIDA 34690

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

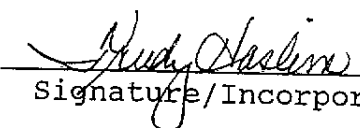
The name and Florida street address of the initial registered agent is:

DAVID FARRIS
3308 TRASK DRIVE
HOLIDAY FLORIDA 34691

ARTICLE V INCORPORATOR

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

TRUDY HASLIM
8623 REGENCY PARK BLVD.
PORT RICHEY, FL 34668

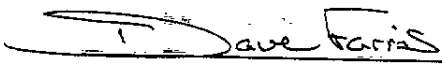

Signature/Incorporator

7/10/99
Date

ARTICLE VI EFFECTIVE DATE

Pursuant to Section 607.0123 of the Florida Statutes, the effective date of this document shall be July 10, 1999.

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

7-10-99
Date