TRANSMITTAL LETTER P9900068211

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

\$70.00

\$78.75

SUBJECT: ASSOCIATED PUBLIC ASSUSTERS + CONSULTANTS, INC.
(Proposed corporate name - must include suffix)

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

Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy ADDITIONAL CO	Filing Fee, Certified Copy & Certificate of Status PY REQUIRED			
FROM:	Name (Programme of Parties of Parties of Programme of Programme of Parties of), ATKINS inted or typed) ARDEN ST. iddress FLIRIUA 32; State & Zip	SECRETÁRY OF STATE TALLAHASSEE, FLORIDA	99 JUL 26 AM 9: 30	FILED	
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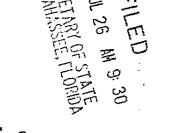
NOTE: Please provide the original and one copy of the articles.

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.



The name of the corporation shall be:



ASSOCIATED PUBLIC ADJUSTERS; CONSULTANTS, INC.

ARTICLE II PRINCIPAL OFFICE

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

1304 W. BARDEN ST. PENSACOLA, FL 32501

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

DANNY D. ATKINS 1304 W. CARDEN ST.

1304 W. CARDEN ST. PENSACOLA, FZ 32501

ARTICLE V INCORPORATOR

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

DANNY D. ATKINS

1304 W. GARDEN ST. PENSACOLA, FL 32501

HENSACOLA,

7/22/99

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

Signature/Registered Agent

Data