

# PO0000077266

RA MITAL LETTER

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

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-08/09/00--01037--003  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT: CLAIM REVIEW & RECOVERY, INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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 of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM: H. JOSEPH Calmbach  
Name (Printed or typed)

P.O. Box 2957  
Address

Palm Beach Fl. 33480  
City, State & Zip

561-252-4184  
Daytime Telephone number

FILED  
00 AUG -9 AM 8:15  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

T BROWN AUG 16 2000

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be:

**CLAIM REVIEW & RECOVERY, INC.**

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

**178 LAKE DRIVE, PALM BEACH SHORES, FLORIDA 33404**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**THE PURPOSE OF THE CORPORATION IS TO ENGAGE IN ANY LAWFUL ACT OR ACTIVITY FOR WHICH CORPORATIONS MAY BE ORGANIZED UNDER FLORIDA LAW.**

**ARTICLE IV SHARES**

The number of shares of stock is:

**ONE THOUSAND (1000)**

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s) and address(es):

**ARTICLE VI REGISTERED AGENT**

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

**H. JOSEPH CALMBACH**

**178 LAKE DRIVE**

**PALM BEACH SHORES, FL. 33404**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

**H. JOSEPH CALMBACH**

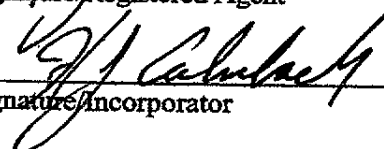
**178 LAKE DRIVE**

**PALM BEACH SHORES, FL. 33404**

\*\*\*\*\*  
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

  
\_\_\_\_\_  
Signature/Registered Agent

8-3-00  
Date

  
\_\_\_\_\_  
Signature/Incorporator

8-3-00  
Date

**FILED**  
00 AUG -9 AM 8:15  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA