

P13000003398

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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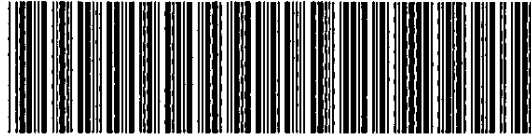
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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COVER LETTER

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

SUBJECT: Florida Insurance Claim Attorney Advocates, P.A.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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. Joshua Diamond
Name (Printed or typed)

6830 SW 49 Street
Address

Miami, Florida 33155
City, State & Zip

305-975-3430
Daytime Telephone number

joshdiamond44@aol.com
E-mail address: (to be used for future annual report notification)

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

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: **Florida Insurance Claim Attorney Advocates, P.A.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
6830 SW 49 Street
Miami, Florida 33155

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **Legal representation and services.**

ARTICLE IV SHARES

The number of shares of stock is: **100**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: H. Joshua Diamond, President
Address: 6830 SW 49 Street
Miami, Florida 33155

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: H. Joshua Diamond
Address: 6830 SW 49 Street
Miami, Florida 33155

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

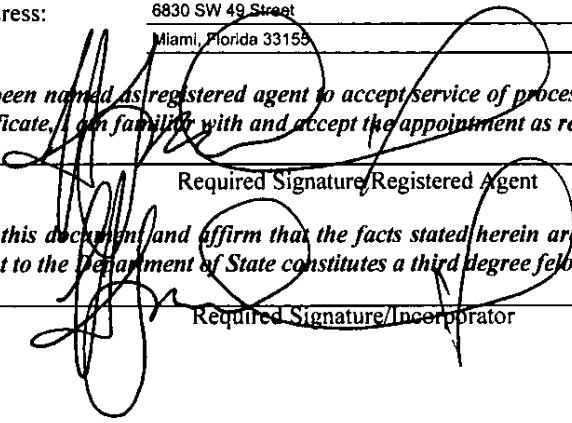
Name: H. Joshua Diamond
Address: 6830 SW 49 Street
Miami, Florida 33155

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

 Required Signature/Registered Agent

1/4/13
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

 Required Signature/Incorporator

1/4/13
Date

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TALLAHASSEE FLORIDA