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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 922-4001

From: Account Name : JOHN INCORVIA
Account Number : I19990000040
Phone : (305) 681-7877
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FLORIDA PROFIT CORPORATION OR P.A.

Insurance Claims Management Inc.

Certificate of Status	1
Certified Copy	0
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B. McKnight APR 25 2000

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**ARTICLES OF INCORPORATION
OF
Insurance Claims Management Inc.**

ARTICLE I. NAME

The name of this corporation shall be **Insurance Claims Management Inc.**

ARTICLE II. PRINCIPAL OFFICE

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

1 NW 89 Street
El Portal, FL 33150

ARTICLE III. CORPORATE PURPOSE

The corporation was formed to conduct any and all lawful business within the State of Florida.

ARTICLE IV. CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is 100 shares at no par value.

ARTICLE V. REGISTERED AGENT

The name and address of the registered agent is:

Stanley Bien-Aime
1 NW 89 Street
El Portal, FL 33150

ARTICLE VI. INCORPORATOR

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

John Incorvia, Esq.
655 NW 128 Street
Miami, FL 33168

The undersigned has executed these Articles of Incorporation this 25th day of April, 2000.


Incorporator

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**CERTIFICATE OF DESIGNATION
REGISTERED AGENT / REGISTERED OFFICE**

Pursuant to the provisions of Florida Statutes sections 48.091 and 607.501, the undersigned corporation, desiring to organize under the laws of the State of Florida, submits the following statement:

1. The name of the corporation is **Insurance Claims Management Inc.**
2. The address of the registered office is 1 NW 89 Street, El Portal , FL 33150.
3. The name of the registered agent is Stanley Bien-Aime.

Signature: _____

John Incorvia, Incorporator

Date: _____

4/25/2000

Having been named as the registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the duties and obligations of this position, I hereby accept appointment as registered agent, agree to act in this capacity and comply with the provisions of all statutes relating to the proper and complete performance of my duties.

Signature: _____

Stanley Bien-Aime, Registered Agent

Date: _____

4-25-00

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