

# FD00000067095

## TRANSMITTAL LETTER

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

60000331839677  
-07/10/00--01118--014  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: Insurance Claims Advisors, 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: Miguel D. Lopez  
Name (Printed or typed)

801 West 49 St. #238  
Address

Hialeah FL 33012  
City, State & Zip

(305) 558-3337  
Daytime Telephone number

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 JUL 10 AM 11:10

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

gf 7/13/00

# 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:

Insurance Claims Advisors, Inc.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUL 10 AM 11:10

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

801 West 49 St # 238  
Hialeah, Fl. 33012

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

## ARTICLE IV SHARES

The number of shares of stock is:

The number of shares shall be no more than 1000 shares

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Miguel D. Lopez President  
801 West 49 St. # 238  
Hialeah, Fl. 33012

## ARTICLE VI REGISTERED AGENT

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

Miguel D Lopez  
801 West 49 St. # 238  
Hialeah, Fl. 33012

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Miguel D Lopez  
801 West 49 St # 238  
Hialeah, Fl. 33012

\*\*\*\*\*  
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

X Miguel D Lopez  
Signature/Registered Agent

7/7/2000  
Date

X Miguel D Lopez  
Signature/Incorporator

7/7/2000  
Date