

PO000008 7946

TRANSMITTAL LETTER

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

600003360396--4
-08/17/00--01032--025
*****78.75 *****78.75

SUBJECT: Coastal Medical Claims, 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: James Rigdon
Name (Printed or typed)

3954 W. Sandpiper Drive, Apt #3
Address

Boynton Beach, FL 33436
City, State & Zip

561-732-3493
Daytime Telephone number

00 AUG 17 PM 12:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

8/24/00
per Bobbie wait
for copy of the
back of the check.
K

PR 9/18

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

W-20885

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:

Coastal Medical Claims, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3954 W. Sandpiper Dr. Apt 3
Boynton Beach, FL. 33436

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medical Claims Processing

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

James Rigdon and Jennifer Lotito
3954 W. Sandpiper Dr. Apt. 3
Boynton Beach, FL 33436

ARTICLE VI REGISTERED AGENT

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

James Rigdon
3954 W. Sandpiper Dr. Apt 3
Boynton Beach, FL 33436

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

James Rigdon and Jennifer Lotito
3954 W. Sandpiper Dr. Apt 3
Boynton Beach, FL 33436

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

8-15-00

Date



Signature/Incorporator

8-15-00

Date

FILED
00 AUG 17 PM 12:04
TALLAHASSEE, FLORIDA
SECRETARY OF STATE