

TRANSMITTAL LETTER

DO1000052614

FILED

01 MAY 21 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

300004273233--6

-05/21/01--01090--004

*****78.75 *****78.75

SUBJECT: U.S. Reimbursement Services Co.

(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: Luis F. Guzman
Name (Printed or typed)

7030 NW 173RD DR. #1606
Address

Miami, FL. 33015
City, State & Zip

305-343-5116
Daytime Telephone number

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

D. BROWN MAY 29 2001

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:

U.S. Reimbursement Services Co.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

7030 NW 173RD. Dr. #1606
Miami, FL. 33015

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROCESS UNCLAIMED MONIES.

ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES

ARTICLE V INITIAL OFFICERS/DIRECTORS

The name(s) and address(es):

Luis F. Guzman
7030 NW 173RD. Dr. #1606
Miami, FL. 33015

ARTICLE VI REGISTERED AGENT

The name and Florida street address registered agent are:

Luis F. Guzman
7030 NW 173RD. Dr. #1606
Miami, FL. 33015

ARTICLE VII INCORPORATOR

The name and address of the Incorporator are:

Luis F. Guzman
7030 NW 173RD. Dr. #1606
Miami, FL. 33015

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



Signature/Registered Agent



Signature/Incorporator

FILED
01 MAY 21 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

May 18, 2001

Date

May 18, 2001

Date