

**P010000099224**  
**TRANSMITTAL LETTER**

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

300004631373--7  
-10/11/01--01039--007  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

**SUBJECT:** Florida Claims Resource, Inc.  
(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:** Connie Coleman  
Name (Printed or typed)

1243 Walker Circle E  
Address

Lakeland, FL 33805  
City, State & Zip

863-686-0782  
Daytime Telephone number

**FILED**  
01 OCT 11 PM 4:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

*g 10/11*

# 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 Claims Resource, Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1243 Walker Circle E Lakeland, FL 33805

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Claims Resource

## ARTICLE IV SHARES

The number of shares of stock is:

2500

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Connie Coleman  
President, Secretary, Treasurer, Director  
1243 Walker Circle E.  
Lakeland, FL 33805

## ARTICLE VI REGISTERED AGENT

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

Connie Coleman  
1243 Walker Circle E  
Lakeland, FL 33805

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Connie Coleman  
1243 Walker Circle E  
Lakeland, FL 33805

\*\*\*\*\*  
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

Connie Coleman

Signature/Registered Agent

10/5/01

Date

Connie Coleman

Signature/Incorporator

10/5/01

Date

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01 OCT 11 PM 4:02  
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TALLAHASSEE, FLORIDA