TRANSMITTAL L ER Department of State **Division of Corporations** P. O. Box 6327 200006618412--6 Tallahassee, FL 32314 \*\*\*\*\*87.50 \*\*\*\*\*87.50 Prulices SUBJECT: Automated Claims + Kusines (PROPOSED CORPORATE NAME Enclosed are an original and one (1) copy of the articles of incorporation and a check for: **12** \$87.50 **\$78.75** \$70.00 \$78.75 Filing Fee Filing Fee, Filing Fee Filing Fee Certified Copy & Certified Copy & Certificate of Status & Certificate of Status ADDITIONAL COPY REQUIRED Janessa S. FROM: AUC ame (Printed or typed) Ri 13510 Fawn <u>10</u>2 Iddress Tampa State & Zip AH 8: 22 1 813-920-Davtime Telephone number NOTE: Please provide the original and one copy of the articles.

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: Claims + Business Services, Inc. ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: Mailing 13510 Fann Ridae BIUD P.O. Box 272392 Tampa, FL 33626 Tampa, FL 33688 ARTICLE III PURPOSE The purpose for which the corporation is organized is: Small Business ARTICLE IV SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): Vanessa S. Anderson, President 13510 Fown Ridge Blud. FL 33626 ampa REGISTERED AGENT ARTICLE VI The name and Florida street address of the registered agent is: Fown Ridge Blud, Tampa, FL 33626 13510 ARTICLE VII **INCORPORATOR** The <u>name and address</u> of the Incorporator is: rson Tampa, FL 33624 tawn Kidge DIVA, \*\*\*\*\*\*\*\* \*\*\* 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

Signature/Incorporator

Date