

P02000128213

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

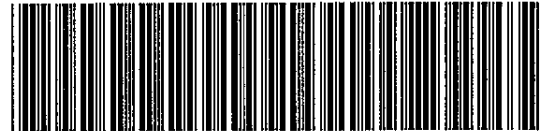
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100008616161

11/01/02--01045--016 \*\*87.50

W02-3,589

FILED  
2002 DEC -4 PM 1:21  
FILING OFFICE  
MICHIGAN

12-500

**TRANSMITTAL LETTER**

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

**SUBJECT:** Florida Claims Experts, 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:** \_\_\_\_\_ Robert Lopez & Ass.  
250 Catalonia #801  
\_\_\_\_\_ Coral Gables, FL 33134

\_\_\_\_\_  
City, State & Zip  
  
\_\_\_\_\_  
(786) 301-2601  
Daytime Telephone number

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



RECEIVED

02 DEC -4 PM 5:12

FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

November 4, 2002

DANIEL MASSO  
11720 SW 97TH STREET  
MIAMI, FL 33186

SUBJECT: FLORIDA CLAIMS EXPERTS, INC.  
Ref. Number: W02000031589

We have received your document for FLORIDA CLAIMS EXPERTS, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list at least one incorporator with a complete business street address.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch  
Document Specialist  
New Filing Section

Letter Number: 202A00060267

**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 Experts, Inc.*

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is: *Florida Claims Experts, Inc.  
250 Catalonia Ave #801  
Coral Gables, FL 33134*

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: *insurance consultants*

**ARTICLE IV SHARES**

The number of shares of stock is: *100 shares*

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s), address(es) and title(s):  
*Robert Lopez  
250 Catalonia #801  
Coral Gables, FL 33134*

FILED  
2002 DEC -4 PM 1:21  
STATE OF FLORIDA

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:  
*Robert Lopez  
250 Catalonia #801  
Coral Gables FL 33134*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is: *Mr. Robert Lopez  
250 Catalonia Ave #801  
Coral Gables, FL 33134*

\*\*\*\*\*  
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

*[Handwritten Signature]*  
\_\_\_\_\_  
Signature Registered Agent  
*[Handwritten Signature]*  
\_\_\_\_\_  
Signature Incorporator *Robert Lopez*

*10/22/02*  
\_\_\_\_\_  
Date  
*10/22/02*  
\_\_\_\_\_  
Date