

P02000128213

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

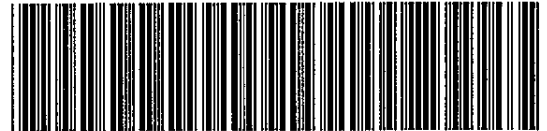
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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W02-3,589

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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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$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*

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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