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(Address)

(Address)

(City/State/Zip/Phone #)

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STATE  
SECRETARY  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

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

SUBJECT:

South Florida Claims Manager  
(Proposed corporate name - must include suffix)  
nt,  
Inc.

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:

Lisa Darbro

Name (Printed or typed)

5101 N.W. 21st Ave #200

Address

Ft. Lauderdale, Fl. 33309

City, State & Zip

954-735-8770

Daytime 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:

South Florida Claims Management, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

395 Beverly Court  
Melbourne Bch, Fl. 32951

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**ARTICLE IV SHARES**

The number of shares of stock is:

100

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

The name(s) and address(es):

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address registered agent is:

David Onstad  
395 Beverly Court  
Melbourne Beach, Fl. 32951


**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

David Onstad  
395 Beverly Court  
Melbourne Beach, Fl. 32951

\*\*\*\*\*

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

X   
\_\_\_\_\_  
Signature/Registered Agent

11-14-02  
\_\_\_\_\_  
Date

X   
\_\_\_\_\_  
Signature/Incorporator

11-14-02  
\_\_\_\_\_  
Date

03 JAN -8 PM 2:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA