

P03000031684

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

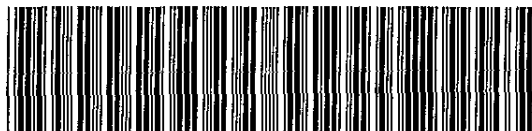
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/07/03--01060--006 **78.75

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STATE
CORPORATIONS
03 APR 17 PM 3:02

✓

3-19-03

TRANSMITTAL LETTER

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

SUBJECT: ADVANCED CLAIMS SERVICES, 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: HOWARD WOLFMAN
Name (Printed or typed)

11126 DELTA CIRCLE
Address

BOCA RATON, FL 33428
City, State & Zip

561-289-1106
Daytime Telephone number

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

Memo

To: Ms. Wanda Cunningham

From: Mr. Howard Wolfman

Date: 3/11/03

Subject: New Corporation

I spoke to a representative at your office and was advised to send this note along with the new paperwork to your attention.

I had submitted proper paperwork and check for the new corporation of **American Claims Service, Inc.** this was **rejected** under *document number* **W03000006858**.

Please submit the attached paperwork for the name **Advanced Claims Services, Inc.** instead, I was told this name was clear to use for the new corporation.

Please apply my original payment towards this new application.

Your help in this matter is appreciated,

Howard Wolfman

RECEIVED
03 MAR 17 PM 4:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

ADVANCED CLAIMS SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

11126 DELTA CIRCLE, BOCA RATON, FL 33428

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO SERVICE CLIENTS IN INSURANCE + DAMAGE CLAIMS.

ARTICLE IV SHARES

The number of shares of stock is:

500

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

PRES. HOWARD WOLFMAN 11126 DELTA CIRCLE, BOCA RATON, FL 33428

DIR. JOHN MESSINA, 22314 BUSHING ST. BOCA RATON, FL 33428

ARTICLE VI REGISTERED AGENT

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

HOWARD WOLFMAN 11126 DELTA CIRCLE, BOCA RATON FL 33428

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

HOWARD WOLFMAN 11126 DELTA CIRCLE BOCA RATON FL 33428

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

Howard Wolfman
Signature/Registered Agent

3/10/03
Date

Howard Wolfman
Signature/Incorporator

3/10/03
Date

FILED
CLERK OF STATE
03 MAR 17 PM 3:02