

PO30000807288

(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



200021638122

07/23/03--01012--023 **78.75

RECEIVED
03 JUL 23 AM 10:57
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

03 JUL 23 AM 10:57

RECEIVED

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
03 JUL 23 PM 1:36

OFFICE USE ONLY(DOCUMENT #)

LAZARUS CORPORATE FILING SERVICE

3320 S.W. 87 AVENUE

MIAMI, FLORIDA (305)552-5973

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. MEDICAL CLAIMS MANAGEMENT GROUP
(Corporation Name) (Document #)
2. _____ INC.
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2.00 ☒ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

FILED STATE
SECRETARY OF FLORIDA
TALLAHASSEE
03 JUL 23 PM 1:36

ARTICLE I - NAME

The name of the corporation shall be:

Medical Claims Management Group Inc.

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

9935 S.W. 56 ST.

Miami FL. 33165.

ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: *100.*

ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

9935 S.W. 56 ST. Jorge L. ANTUNEZ.

ARTICLE V - INCORPORATOR

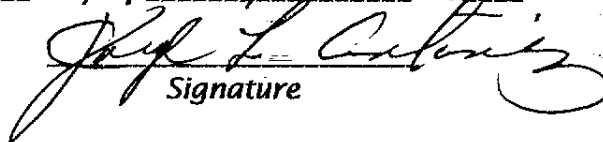
The name and street address of the incorporator to these Articles of Incorporation is:

Jorge L. ANTUNEZ.

GINA M. ANTUNEZ.

9935 S.W 56 St. Miami FL. 33165.

The undersigned incorporator has executed these Articles of Incorporation this 22 day of July 2023.


Signature

ARTICLE VI- DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is (are):

Jorge L. ANTUNEZ. President.

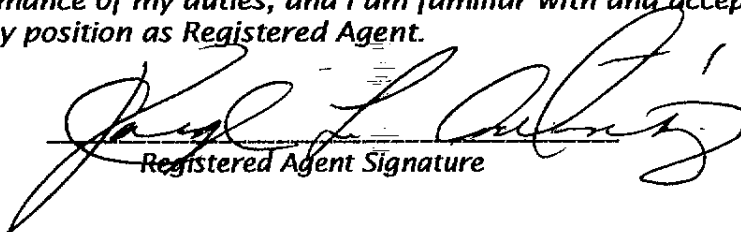
GINA M. ANTUNEZ. Vice President.

9935 S.W 56 St.

Miami FL. 33165.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.


Registered Agent Signature

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
03 JUL 23 PM 1:36