

PD4000015252

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

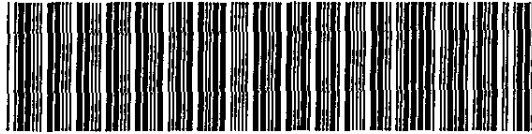
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W04-2181

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2004 JAN 26 PM 3:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01-26-04

TRANSMITTAL LETTER

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

SUBJECT: CLAIM MASTER CORPORATION

(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: DAVID M REEB

Name (Printed or typed)

PO BOX 878

Address

DANIA FL 33004

City, State & Zip

561 441 9732

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

January 15, 2004

DAVID M REEB
PO BOX 878
DANIA, FL 33004

SUBJECT: CLAIM MASTER CORPORATION
Ref. Number: W04000002181

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

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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 Filings Section

Letter Number: 404A00002984

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:
CLAIM MASTER ONE INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:
1626 SE 3RD CT, STE 101, DEERFIELD BEACH FL 33441

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
REAL ESTATE AND INSURANCE CONSULTING

ARTICLE IV SHARES

The number of shares of stock is:
100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):
DAVID M REEB, 1626 SE 3RD CT, STE 101, DEERFIELD BEACH FL 33441 PRESIDENT
DAVID M REEB 1626 SE 3RD CT, STE 101, DEERFIELD BEACH FL 33441 TREASURER
DAVID M REEB 1626 SE 3RD CT STE 101, DEERFIELD BEACH FL 33441 SECRETARY

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:
DAVID M REEB, 1626 SE 3RD CT, STE 101, DEERFIELD BEACH FL 33441

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:
DAVID M REEB, PO BOX 878, DANIA FL 33004

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

David M Reeb
Signature/Registered Agent

1/22/04
Date

David M Reeb
Signature/Incorporator

1/22/04
Date

FILED
2004 JAN 26 PM 3:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA