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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

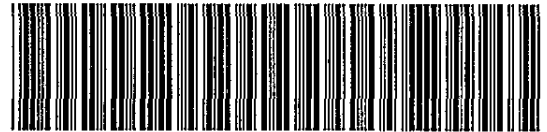
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2004 JUL 16 P 4:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Cynthia M. Fernandez

5403 SW 152 Place Circle
Miami, Florida 33185
305-525-8000

July 14, 2004

Secretary of State
Florida Department of State
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

Re.: Filing of Articles of Incorporation for
South Florida Claims Consultants, Inc.

Dear Sir or Madam:

Enclosed find the Articles of Incorporation for South Florida Claims Consultants, Inc., and check No. 118 in the amount of \$87.50 for the filing fees, a Certified Copy, and a Certificate of Status of said corporation.

Also enclosed is a self addressed, self-stamped Express Mail letter pocket for the return of the Articles of Incorporation once they have been processed and filed.

Thank you in advance for your prompt attention to this matter.

Sincerely,



Cynthia M. Fernandez

/cf

Encl.

TRANSMITTAL LETTER

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

SUBJECT: South Florida Claims Consultants, 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: Cynthia M. Fernandez
Name (Printed or typed)

5403 SW 152 place Circle
Address

miami, FL 33185
City, State & Zip

(305) 525-8000
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 Consultants, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5403 SW 152 place Circle
miami, FL 331

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Process Insurance claims

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):

Cynthia m. Fernandez, President

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

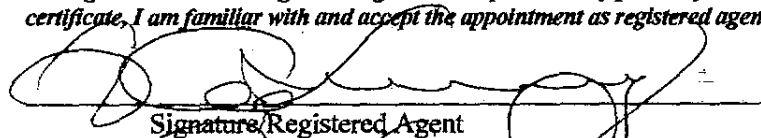
Cynthia m. Fernandez
5403 SW 152 place Circle
miami, FL 33185

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Cynthia m. Fernandez
5403 SW 152 place Circle
miami, FL 33185

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


Signature/Registered Agent

7/14/04
Date


Signature/Incorporator

7/14/04
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED