P04000107097

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: OMNI POINT INSURANCE CLAIMS, 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: WILLIAM LACASSE
Name (Printed or typed)

1801 POLK STREET
Address

HOLLYWOOD FL 33022
City, State & Zip

954-349-4602
Daytime Telephone number

04 JUL 19 PM 1:58
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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: OMNI POINT INSURANCE CLAIMS, INC.

ARTICLE II PRINCIPAL OFFICE
The principal place of business/mailing address is: 1801 POLK STREET
HOLLYWOOD, FL 33022

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: TO PROCESS INSURANCE CLAIMS INVOLVING AUTOMOBILE ACCIDENTS

04 JUL 9 PM 1:59

ARTICLE IV SHARES
The number of shares of stock is: 2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS
List name(s), address(es) and specific title(s): LUIS LACASSE
3819 Cleveland Street
Hollywood, FL 33020
(VICE PRESIDENT)

& WILLIAM LACASSE
3819 Cleveland Street
Hollywood, FL 33020
(PRESIDENT)

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

LUIS LACASSE
3819 Cleveland Street
Hollywood, FL 33020

ARTICLE VII INCORPORATOR
The **name and address** of the Incorporator is:

WILLIAM LACASSE
3819 Cleveland Street
Hollywood, FL 33020

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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

Luis LaCasse — 7/16/04
Signature/Registered Agent — Date

William Lacasse — 7/16/04
Signature/Incorporator — Date