

P04 000107097

(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



100039191631

07/19/04--01036--019 **87.50

SECRET
DIVISION
04 JUL 19 PM 1:58

FROM : 00000000 000000

FAX NO. : 3055595909

Jul. 14 2004 11:18PM P2

TRANSMITTAL LETTER

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

SUBJECT: OMNI ADULT 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

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/mailling 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
AUTO MOBILE ACCIDENTS

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 LA
CASSE
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:

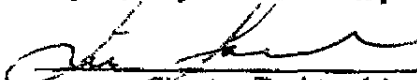
LUIS LACASSE
3819 Cleveland Street
Hollywood, FL 33020

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

WILLIAM LACASSE
3819 Cleveland Street
Hollywood, FL 33020

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
Signature/Registered Agent

7/16/04
Date

 William Lacasse
Signature/Incorporator

7/16/04
Date