

FD5000/44328

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

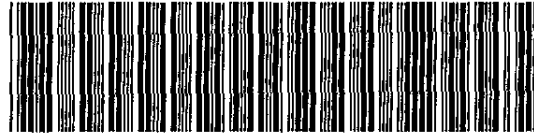
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4 (FD)  
05 OCT 24 AM 9:43  
U.S. STATE  
DEPT. FLORIDA

VH 10/25/05

## COVER LETTER

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

**SUBJECT:** Hygeia Claims Adjusting 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:** Michael S Prempin

Name (Printed or typed)

550 SW 62 terrace

Address

Margate FL 33068

City, State & Zip

(954) 609-4919

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:

Hygeia Claims Adjusting Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

550 SW 62nd Terrace Suite A Margate, Florida 33068

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to provide professional claims adjusting services to the insured

## 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):

Michael S. Prempin 550 SW 62 terrace Margate FL 33068 Director of Operations

Paula A. Prempin 550 SW 62 terrace Margate FL 33068 Director of Client Services

## ARTICLE VI REGISTERED AGENT

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

Michael S. Prempin 550 SW 62 terrace Margate FL 33068

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Michael S. Prempin 550 SW 62 terrace Margate FL 33068

\*\*\*\*\*  
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

10-20-05  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

10-20-05  
\_\_\_\_\_  
Date

MICHAEL S. PREMPIN

FILED  
05 OCT 24 AM 9:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA