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All 19 has relative the sections



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COVER LETTER

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

SUBJECT:	Terry	McGuire	Claims	Incor	porated		
•		(PROPOS	ED CORPO	RATE NA	ME - MUST	INCLUDE SU	FFIX

Enclosed are an orig	ginal and one (1) copy of the arti	cles of incorporation and	l a check for:
\$70.00 Filling Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate o Status PY REQUIRED
FROM: T	erry McGuire	(Printed or typed)	
	8428 14th Street North	Address	
	St Petersburg, FL 3370)2 State & Zip	
	727-479-4885	elephone number	
	24)41	L	

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:

Terry McGuire Claims Incorporated

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

8428 14th Street North, St. Petersburg, FL 33702

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To process Insurance Claims

ARTICLE IV SHARES

The number of shares of stock is:

100

INITIAL OFFICERS AND/OR DIRECTORS ARTICLE V

List name(s), address(es) and specific title(s):

Terry McGuire, 8428 14th Street North, St Petersburg, FL 33702, President and Treasurer Amanda Schubert-McGuire, 8428 14th Street North, St Petersburg, FL 33702, Vice President & Secretary.

REGISTERED AGENT ARTICLE VI

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

Amanda Schubert-McGuire, 8428 14th Street North, St Petersburg, FL 33702

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Terry McGuire, 8428 14th Street North, St Petersburg, FL 33702

Huving been named as registered agent to accept service of process for the above stated corporation at the place designated in this vertificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent