

POL 000093847

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

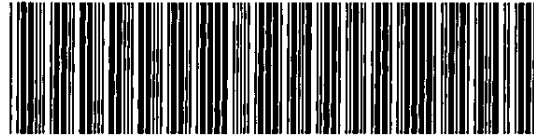
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06 JUL 14 PM 3:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers JUL 17 2006

COVER LETTER

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

SUBJECT: MIAMI INSURANCE 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: Anthony Granovsky
Name (Printed or typed)

2550 SW 27th Avenue #204
Address

Miami FL 33133
City, State & Zip

(786) 315 7503
Daytime Telephone number

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TALLAHASSEE, FLORIDA

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:

Miami Insurance Claims Consultants, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

14892 SW 70th Street Miami FL 33193

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

public insurance adjusters

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Jose M. Campos, 14892 SW 70th Street Miami FL 33193, President

Anthony Granovsky, 2550 SW 27th Avenue #204 Miami FL 33133, CEO

ARTICLE VI REGISTERED AGENT

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

Jose M. Campos

14892 SW 70th Street Miami FL 33193


ARTICLE VII INCORPORATOR

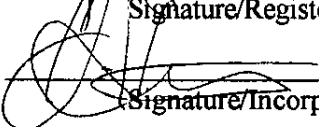
The name and address of the Incorporator is:

Anthony Granovsky

2550 SW 27th Avenue #204 Miami FL 33133

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


Signature/Incorporator

6-25-06
Date

6-25-2006
Date

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TALLAHASSEE, FLORIDA