

# PO6000111576

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To:

Division of Corporations  
Fax Number : (850)205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305)599-0839  
Fax Number : (305)716-0346

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## FLORIDA PROFIT/NON PROFIT CORPORATION

### SOUTH FL CLAIM PROFESSIONAL, INC.

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**ARTICLES OF INCORPORATION**

**OF**  
**SOUTH FL CLAIM PROFESSIONALS, INC.**

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

**ARTICLE I NAME**

The name of the corporation shall be:

SOUTH FL CLAIM PROFESSIONALS, INC.

The principal place of business of this corporation shall be:

1411 SW 57<sup>TH</sup> AVE, CORAL GABLES FL 33144-5719

**ARTICLE II NATURE OF BUSINESS**

This corporation may engage in or transact any all lawful activities of business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

**ARTICLE III CAPITAL STOCK**

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is: FIVE HUNDRED @ \$1.00

FIVE HUNDRED @ \$1.00 PER VALUE

**ARTICLE IV TERM OF EXISTANCE**

This corporation is to exist perpetually.

### **ARTICLE V OFFICERS DIRECTORS**

The name(s) and street address(es) of the initial officer(s) and directors(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

JOSE J. GUERRA, PRESIDENT, SECRETARY  
1411 SW 57<sup>TH</sup> AVENUE  
CORAL GABLES FL 33144-5719

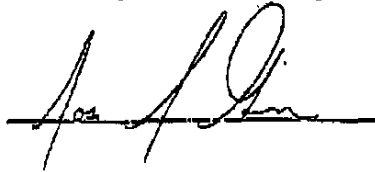
### **ARTICLE VI INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

JOSE J. GUERRA  
1411 SW 57<sup>TH</sup> AVENUE  
CORAL GABLES FL 33144-5719

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of incorporation this 22 day of AUGUST, 2006

Signature(s) of Incorporator(s)

A handwritten signature, likely of Jose J. Guerra, is written over a horizontal line. The signature is stylized and cursive.

**CERTIFICATE DESIGNATING**  
**REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 607.325 Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is:

SOUTH FL CLAIM PROFESSIONAL, INC.

2. The name and address of the registered agent and office is:

JOSE J. GUERRA

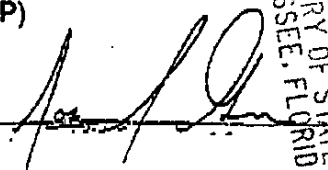
1411 SW 57<sup>TH</sup> AVENUE

(P.O. BOX NOT ACCEPTABLE)

CORAL GABLES FL 33144-5719

(CITY/STATE/ZIP)

SIGNATURE

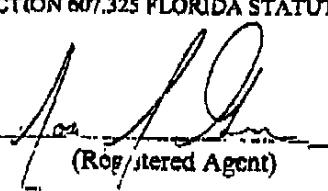


TITLE PRESIDENT

DATE August 22, 2006

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

SIGNATURE

  
(Registered Agent)

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