

PA0000119839

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

fa

TRANSMITTAL LETTER

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

SUBJECT: SUNSHINE CLAIM SERVICES 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: PRO TAX SERVICES, INC
Name (Printed or typed)

937 LONGDALE AVE
Address

LONGWOOD, FL 32750
City, State & Zip

(407) 835 - 9845
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 30, 2006

PRO TAX SERVICES, INC.
937 LONGDALE AVE
LONGWOOD, FL 32750

SUBJECT: THE CLAIM SPECIALIST INC
Ref. Number: W06000038380

We have received your document for THE CLAIM SPECIALIST INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call 850-245-6052.

Paisley A Alford
New Filing Section
Division of Corporations

Letter Number: 006A00053146

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:

SUNSHINE CLAIM SERVICES INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

23332 OAK PRAIRIE CIR
SORRENTO, FL 32776

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS.

ARTICLE IV SHARES

The number of shares of stock is:

100 - ONE HUNDRED

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

SHARON M. HULBERT - PRESIDENT
23332 OAK PRAIRIE CIR
SORRENTO, FL 32776

ARTICLE VI REGISTERED AGENT

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

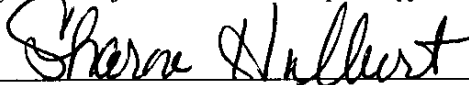
SHARON M. HULBERT
23332 OAK PRAIRIE CIR
SORRENTO, FL 32776

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

SHARON M. HULBERT
23332 OAK PRAIRIE CIR
SORRENTO, FL 32776

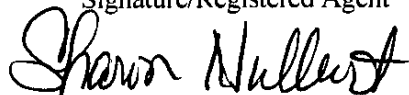
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

9/10/2006

Date



Signature/Incorporator

9/10/2006

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA