

P06000122163

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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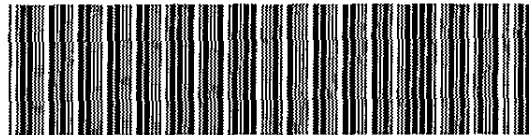
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06 SEP 22 PM 3:06
TALLAHASSEE, FLORIDA

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CB 9-22-06

COVER LETTER

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

SUBJECT: Disability Claims and Appeals, 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Allan Scott Flexer

Name (Printed or typed)

7451 Oak Tree Lane

Address

Spring Hill, FL 34607

City, State & Zip

352-584-3512

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)

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CLERK OF COURT
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Disability Claims and Appeals, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

13951 7th Street, Suite 4
Dade City, FL 33525-4903

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To conduct business as Social Security Disability and Supplemental Security Income benefit advocates

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):

Allan Scott Flexer - President
Melvin Thomas Baron - Vice President
Heidi K. Flexer - Secretary/Treasurer

ARTICLE VI REGISTERED AGENT

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

Allan Scott Flexer
7451 Oak Tree Lane
Spring Hill, FL 34607

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Allan Scott Flexer
7451 Oak Tree Lane
Spring Hill, FL 34607

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


Date


Date