

P070000043424

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

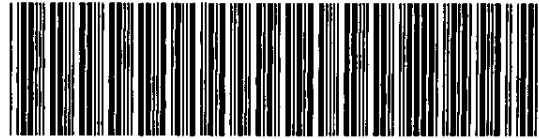
Special Instructions to Filing Officer:

Marlene Frank GAVE
AUTHORIZATION BY PHONE TO
CORRECT Share of Stock
DATE *4/9/07*
DOC EXAM *cf*

Office Use Only

691

W07-13672



000092244600

03/19/07--01026--012 **88.00

FILED
07 APR -9 PM 3:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

cf 4/9/07

COVER LETTER

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

FILED
07 APR -9 PM 3:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: Medical Claim Solution Corp.
(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: Marjorie Franck
Name (Printed or typed)

6804 S. W. 22 Ct.
Address

Miramar FL 33023
City, State & Zip

954-524-2336
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

FILED

67 APR -9 PM 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

March 20, 2007

MARJORIE FRANCK
6804 SW 22 CT
MIRAMAR, FL 33023

SUBJECT: MEDICAL CLAIM SOLUTION CORP.
Ref. Number: W07000013672

We have received your document for MEDICAL CLAIM SOLUTION CORP. and your check(s) totaling \$88.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock.

Please return the original and one copy of 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) 245-6973.

Claretha Golden
Document Specialist
New Filing Section

Letter Number: 007A00019247

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:

Medical Claim Solution Corp.

FILED

07 APR -9 PM 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

6804 SW 22 Ct.

Miramar, Fl. 33023

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medical Billing

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Marjorie Franck

6804 SW 22 Ct.

Miramar, Fl. 33023

ARTICLE VI REGISTERED AGENT

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

Marjorie Franck

6804 SW 22 Ct.

Miramar, Fl. 33023

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Marjorie Franck

6804 SW 22 Ct.

Miramar, Fl. 33023

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

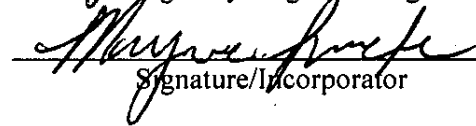


Signature/Registered Agent

Marjorie Franck

03-30-07

Date



Signature/Incorporator

Marjorie Franck

03-30-07

Date