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# **LAZARUS** CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973 Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): CLAIMS SER (Corporation Name) (Document # (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Pick up time Walk in Certified Copy ☐ Photocopy Will wait Mail out Certificate of Status <u>NEW FILINGS</u> <u>AMENDMENTS</u> Profit Amendment Not for Profit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger OTHER FILINGS REGISTRATION/QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Reinstatement Trademark Other **Examiner's Initials** 

CR2E031(7/97)

### ARTICLES OF INCORPORATION

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

#### **ARTICLE I - NAME**

The name of the corporation shall be: Reliant Claims Services, Inc.

### **ARTICLE II - PRINCIPAL OFFICE**

The principal place of business and mailing of this corporation shall

3410 SW 89th Avenue miami, FL 33165

## **ARTICLE III -SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

## ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Elaine Rodriguez 3970 SW 144th Avenue

Miami, FL 33175

#### ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of

Incorporation is:	Elaine Rodriguez 3970 SW 144th Avenue		
	3970 SW 144th Avenue		
	Miami, FL 33175		
The undersigned incorporator has executed these Articles of Incorporation this $4\%$ day of $May$ 2007			
	Signature		
ARTICLE VI- DIRECTOR(S)			
The name(s) and street address (es) of the director(s) to these Articles of			
Incorporation is (are	1): Diana Comas P 3410 5W 89th Avenue Miami, FL 33165		
	Elaine Rodriguez VI 3970 SW 144th Avenue Miami, FL 33175		
CENTIFICATE OF DECI	TALATION OF RECICTERED ACENT INFOIGTERED OFFICE		

#### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature