

PO7000112507

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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

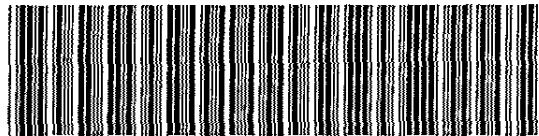
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRET  
TALLAHASSEE, FLORIDA

07 OCT 12 PM 2:51

ATTACHED  
FILED

W07-48009

B. McKnight OCT 12 2007

**COVER LETTER**

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

SUBJECT:

*Claims Research + Preferred Reporting  
Service, 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: Kathy J Capen  
Name (Printed or typed)

4914 Oakshire Drive  
Address

Tampa FL 33625  
City, State & Zip

(813) 269-7988  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 27, 2007

KATHY J CAPEN  
PO BOX 2093  
LUTZ, FL 33548

SUBJECT: CLAIMS RESEARCH & PREFERRED REPORTING SERVICES,  
INC.  
Ref. Number: W07000048009

We have received your document for CLAIMS RESEARCH & PREFERRED REPORTING SERVICES, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$35.00.

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

Please return the corrected 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) 245-6931.

Becky McKnight  
Document Specialist  
New Filing Section

Letter Number: 407A00056813

## 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:

Claims Research & Preferred Reporting Services, Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

P.O. Box 341073, Tampa, FL 33694-1073      4914 Oak-shire Drive  
Tampa, FL 33625

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Insurance Fraud

### ARTICLE IV SHARES

The number of shares of stock is:

100 shares to Kathy J. Capen

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Kathy J. Capen 4914 Oakshire Drive Tampa FL 33625  
President, V.P, Treasurer, Secretary

### ARTICLE VI REGISTERED AGENT

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

Kathy J. Capen, 4914 Oakshire Drive Tampa FL 33625


### ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

Donald K. Melvin 332 NE 21ST CT. WILTON MANORS FL 33305

\*\*\*\*\*

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

10-8-07  
Date

10-6-07  
Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

07 OCT 12 PM 2:51

APPROVED  
AND  
FILED