

PO9000053211

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

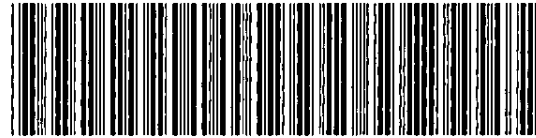
(Business Entity Name)

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RECEIVED
09 JUN 10 AM 10:30
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
FILED
09 JUN 18 AM 8:56
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

W09-27380
RA address not consistent

B. McKnight JUN 19 2009

Charter Number Only

VALIDATION ONLY

6/9/09

JAMES E. TICE

Requestor's Name

16220 SW 280th Street

Address

Homestead, FL 33081

City

State

ZIP

Phone

(305) 322-5715

CORPORATION(S) NAME

MAXIMUM INSURANCE CLAIMS
RECOVERY, INC.

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of Registered Agent |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> Certificate Under Seal |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| | | <input type="checkbox"/> Mail Out |

Name
Availability

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Examiner

Updater

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Acknowledgment

W.P. Verifier



Empire Toll Free: 1-800-432-3028



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 11, 2009

EMPIRE

SUBJECT: MAXIMUM INSURANCE CLAIMS RECOVERY, INC.
Ref. Number: W09000027380

We have received your document for MAXIMUM INSURANCE CLAIMS RECOVERY, 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 registered agent and street address must be consistent wherever it appears in your document.

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
Regulatory Specialist II
New Filing Section

Letter Number: 309A00019678

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09 JUN 15 AM 10:24

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 16, 2009

EMPIRE

SUBJECT: MAXIMUM INSURANCE CLAIMS RECOVERY, INC.
Ref. Number: W09000027380

RECEIVED
09 JUN 18 AM 10:18
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

We have received your document for MAXIMUM INSURANCE CLAIMS RECOVERY, 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):

You failed to make the correction(s) requested in our previous letter.

The registered agent and street address must be consistent wherever it appears in your document.

Please refer to article X for the Registered Agents address. You have 2 different ones listed.

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
Regulatory Specialist II
New Filing Section

Letter Number: 309A00019678

ARTICLES OF INCORPORATION
OF
MAXIMUM INSURANCE CLAIMS RECOVERY, INC.

FILED
09 JUN 18 AM 8:56
CLERK OF STATE
TALLAHASSEE, FLORIDA

The undersigned hereby adopts the following Articles of
Incorporation for the purpose of forming a Corporation under the laws of
the State of Florida.

ARTICLE I - NAME

The name of the Corporation is MAXIMUM INSURANCE CLAIMS
RECOVERY, INC.

ARTICLE II - DURATION

The Corporation is to commence its corporate existence on the date of
subscription and acknowledgement of these Articles of Incorporation and
shall perpetually exist thereafter until dissolved sooner according to law.

ARTICLE III - PURPOSE

The Corporation is organized for the purpose of transacting any and
all lawful business. The primary purpose of which is to operate an insurance
claims adjusting agency.

ARTICLE IV - STATED CAPITAL

The corporation is authorized to issue 1,000 shares of no par
value common stock. Each outstanding share, regardless of class, shall be
entitled to one (1) vote on each matter submitted to a vote at a meeting of the

Stockholders

The shares of stock may be issued for such consideration having a value not less than the par value of the shares issued therefore, as is determined from time to time by the Board of Directors, to be paid in whole or in part, in cash or other property, tangible or intangible or in labor or in services actually performed for the corporation. Shares may not be issued until the full amount of the consideration therefore has been paid.

Thereafter, such shares shall be deemed to be fully paid and non assessable.

ARTICLE V – BOARD OF DIRECTORS

All Corporate powers shall be exercised by and under the authority of and the business and affairs of the corporation shall be managed under the direction of the Board of Directors.

Any and all powers and duties conferred to or imposed upon the Board of Directors, by resolution of the stockholders adopted at a special meeting called for that purpose, may be exercised or performed to such extent and by such person or persons as shall be provided by the stockholders.

The Corporation shall have (1) director initially. The number of

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Directors may thereafter increase or decrease from time to time in accordance with the By – Laws of the Corporation

The name and street address of the initial Director who shall hold office until his or her successors, who shall be chosen at the first meeting of the stockholders, have been qualified shall be as follows.

Rossy Gonzalez, 10240 SW 130th Ave. Miami, Florida 33186

ARTICLE VI – INDEMNIFICATION

The Corporation shall indemnify any present or former Officer or Director, or person exercising powers and duties of the directors, to the full extent now or hereafter permitted by law.

ARTIVCLE VII – BY - LAWS

The Power to adopt, alter, repeal By-Laws shall be vested in the Board of Directors and the Shareholders. But the Board of Directors may Not alter, amend or repeal any By – Law adopted by the Shareholders if the Shareholders provide that such By-Laws shall not be amended, or repealed by the Board of Directors.

ARTICLE VIII – AMENDMENT

The Corporation reserves the right to amend or repeal any provision

contained in these Articles of Incorporation, or any amendment thereto, and any right conferred upon the Shareholders is subject to this reservation

ARTICLE 1X – INCORPORATOR

The name and address of the Incorporator of these Articles of Incorporation is:

NAME

ADDRESS

James E Tice 16220 SW 280th Street Homestead ,Florida 33031

ARTICLE X – INITIAL REGISTERED AGENT

The street address of the initial Registered Office of the Corporation is 16220 SW 280th Street, Homestead, Florida 33031

and the name of the Registered agent of the Corporation at that address is James E Tice. 16220 SW 280th Street, Homestead, Florida 33031

CERTIFICATE- DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

In Compliance with section 607.034 Florida Statutes the following is Submitted , Maximum Insurance Claims Recovery, Inc. desiring to organize or qualify under the laws of the State of Florida, with its principal

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09 JUN 18 AM 8:56
CLERK OF STATE
TALLAHASSEE, FLORIDA

place of business at 10220 SW 280th STREET, HOMESTEAD has
FL 33031
named James E. Tice located at that address to accept service of the Process
within the State of Florida.

Signature

James E. Tice
James E. Tice

Title: Incorporator

Date June 1, 2009

Having been named to accept service of process for the above named
Corporation, at the place designated in this certificate, I hereby agree to act
in this capacity, and further agree to comply with the provisions of all
Statutes relative to the proper and complete performance of my duties.

Signature

James E. Tice
James E. Tice

Resident Agent

Date June 1, 2009

IN WITNESS WHEREOF, The undersigned, as incorporator, does
hereby execute these Articles of Incorporation this 1st day of June ,
2009.

Signature

James E. Tice
James E. Tice

Incorporator

Date June 1, 2009