

P09000074307

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

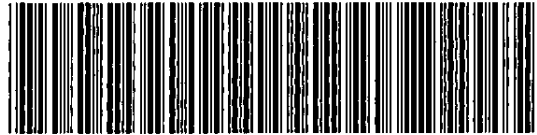
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500159851415

09/02/09--01012--024 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2009 SEP -2 PM 4:50

df 9/03/09

COVER LETTER

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

SUBJECT: ClearClaims, 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: Eleanor Armand
Name (Printed or typed)

8721B North 48th Street
Address

Tampa, FL 33617
City, State & Zip

(813) 526-8073
Daytime Telephone number

ClearClaims@aol.com
E-mail address: (to be used for future annual report notification)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2009 SEP -2 PM 4:50

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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2009 SEP -2 PM 4: 50

ARTICLE I NAME

The name of the corporation shall be: ClearClaims, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

8721B North 48th Street
Tampa, FL 33617

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medical Billing and Coding Consultants

ARTICLE IV SHARES

The number of shares of stock is:

20

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Eleanor Armand

Other Officers to be determined

ARTICLE VI REGISTERED AGENT

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

Eleanor Armand
8721B North 48th Street
Tampa, FL 33617

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Eleanor Armand
8721B North 48th Street
Tampa, Florida 33617

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