

P100000231738

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

(Document Number)

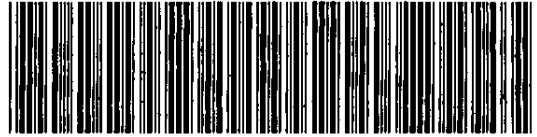
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Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

691-2228-694  
W10000014929



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03/24/10--01021--006 \*\*87.50

RECEIVED  
2010 APR 12 PM 3:04

4/13/10

## COVER LETTER

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

**SUBJECT:** Claim check consultants 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:** Heidy Urra  
Name (Printed or typed)

7850 sw 17 st

Address

miami florida 33155

City, State & Zip

786-355-5341

Daytime Telephone number

heidy.urr@yahoo.com

E-mail address: (to be used for future annual report notification)

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

2010 APR 12 PM 3:04



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 25, 2010

HEIDY URRRA  
7850 SW 17 STREET  
MIAMI, FL 33155

RECEIVED APR 12 2010

SUBJECT: CLAIM CHECK CONSULTANTS INC.  
Ref. Number: W10000014929

We have received your document for CLAIM CHECK CONSULTANTS INC. and your check(s) totaling \$87.50. 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. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

You must list the names and street addresses of the officers and directors of the corporation on the form/application.

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) 245-6973.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 610A00007438

2010 APR 12 PM 3:04

# 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:

Claim Check Consultants Inc.

2010 APR 12 PM 3:06

## **ARTICLE II PRINCIPAL OFFICE**

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

9100 S. Dadeland Blvd Suite 1500

Miami Florida 33156

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Services

## **ARTICLE IV SHARES**

The number of shares of stock is:

none

1 share

## **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Heidy Urrea President

7850 SW 17 street  
miami, FL 33155

## **ARTICLE VI REGISTERED AGENT**

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

Heidy Urrea

7850 sw 17 STREET

Miami Florida 33155

## **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Claim Check Consultants Inc.

9100 S. Dadeland Blvd

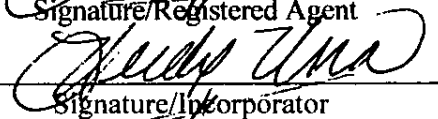
Suite 1500

Miami Florida 33156

Heidy Urrea  
7850 SW 17 street  
Miami FL, 33155

\*\*\*\*\*  
*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

3/22/2010  
Date

3/22/2010  
Date