

P10000036103

(Requestor's Name)

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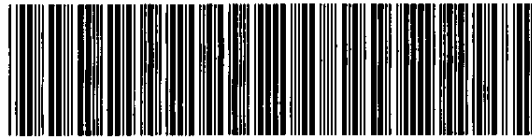
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/02/10--01037--009 **78.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10 APR 26 AM 10:40

W1-16824

McKnight APR 27 2010

COVER LETTER

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

SUBJECT: Haber + Associates, 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: Angela Laura Haber
Name (Printed or typed)
4320 Deerwood Lake Pkwy. #456
Address
Jacksonville, Florida 32216
City, State & Zip
772.528.4384
Daytime Telephone number
LauraHaber@ymail.com
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 6, 2010

ANGELA LAURA HABER
4320 DEERWOOD LAKE PKWY #456
JACKSONVILLE, FL 32216

SUBJECT: HABER & ASSOCIATES, INC.
Ref. Number: W10000016826

We have received your document for HABER & ASSOCIATES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

Corporations may have only 1 registered agent. Please correct article VI to show only on registered agent.,

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: 910A00008370

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 Master, Inc.

ARTICLE II PRINCIPAL OFFICE

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

4320 Deerwood Lake Pkwy. #456

Jacksonville, Florida 32216

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

For the purpose of transacting any or all lawful business.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Angela "Laura" Jan Strong
Haber Vice President
President

ARTICLE VI REGISTERED AGENT

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

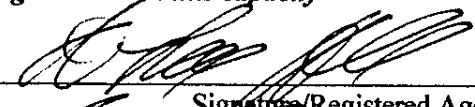
Angela "Laura" Haber
4320 Deerwood Lake Pkwy #456
Jacksonville, Florida 32216

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Angela "Laura" Haber
4320 Deerwood Lake Pkwy #456
Jacksonville, Florida 32216

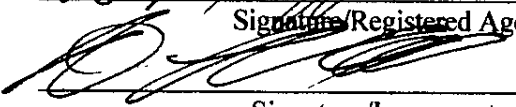
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

4/21/2010

Date



Signature/Incorporator

4/21/2010

Date

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