

PII 000022980

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

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02/03/11--01012--006 \*\*78.75

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FILED  
2011 MAR -4 PM 4:41  
CLERK OF DISTRICT COURT  
JANUARY 11, 2011

T. Burch MAR 9 2011

## COVER LETTER

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

SUBJECT: DOCTORS CLAIMS SOLUTIONS, 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: JACQUELIN RODRIGUEZ

Name (Printed or typed)

10785 NW 50 STREET #304

Address

DORAL, FLORIDA 33178

City, State & Zip

786-222-2886

Daytime Telephone number

jrthealthcare@bellsouth.net

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

RECEIVED  
11 FEB 15 AM 11:11  
DIVISION OF CORPORATIONS

February 4, 2011

JACQUELIN RODRIGUEZ  
10785 NW 50 STREET #304  
DORAL, FL 33178

SUBJECT: DOCTORS CLAIMS SOLUTIONS, INC.  
Ref. Number: W11000006960

We have received your document for DOCTORS CLAIMS SOLUTIONS, 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 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.

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) 245-6928.

Tim Burch  
Regulatory Specialist II  
New Filing Section

Letter Number: 211A00003012

ATTACHED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
11 FEB 24 PM 12:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

February 16, 2011

JACQUELIN RODRIGUEZ  
10785 NW 50 STREET #304  
DORAL, FL 33178

SUBJECT: DOCTORS CLAIMS SOLUTIONS, INC.  
Ref. Number: W11000006960

We have received your document for DOCTORS CLAIMS SOLUTIONS, 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):

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

You have indicated in your document the ownership and percentages of the authorized shares. Please note this information is not required nor is it maintained by the Department of State. While we cannot require such, it is recommended that it be removed from the document. The only information needed for this filing is the number of authorized shares.

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) 245-6928.

Tim Burch  
Regulatory Specialist II  
New Filing Section

Letter Number: 211A00004052



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 24, 2011

JACQUELIN RODRIGUEZ  
10785 NW 50 STREET #304  
DORAL, FL 33178

RECEIVED MAR - 6/2011

SUBJECT: DOCTORS CLAIMS SOLUTIONS, INC.  
Ref. Number: W11000006960

We have received your document for DOCTORS CLAIMS SOLUTIONS, 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):

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

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.

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) 245-6928.

Tim Burch  
Regulatory Specialist II  
New Filing Section

Letter Number: 811A00004735

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME** DOCTORS CLAIMS SOLUTIONS, INC.  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
10785 NW 50 STREET  
#304  
DORAL, FLORIDA 33178

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
FOR MEDICAL BILLING PURPOSE

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: JACQUELIN RODRIGUEZ  
Address: 10785 NW 50 STREET  
#304  
DORAL, FLORIDA 33178

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
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Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: JACQUELIN RODRIGUEZ  
Address: 10785 NW 50 STREET #304  
DORAL FLORIDA 33178

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: JACQUELIN RODRIGUEZ  
Address: 10785 NW 50 STREET #304  
DORAL, FLORIDA 33178

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

  
\_\_\_\_\_  
Required Signature/Registered Agent

01/31/2011  
\_\_\_\_\_  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

  
\_\_\_\_\_  
Required Signature/Incorporator

01/31/2011  
\_\_\_\_\_  
Date

FILED  
2011 MAR -4 PM 4:41  
STATE  
OF FLORIDA