

P11000032877

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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W11-12952



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

11 APR -1 PM 1:03
DIVISION OF CORPORATIONS

March 7, 2011

DEBORA K. MCDONALD
801 N. OCEAN BLVD., SUITE 801
POMPANO BEACH, FL 33062

SUBJECT: INSURANCE CLAIMS MANAGEMENT, INC.
Ref. Number: W11000012952

We have received your document for INSURANCE CLAIMS MANAGEMENT, 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.

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) 245-6949.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 011A00005552

COVER LETTER

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

SUBJECT: Insurance Claims Management Specialists, 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: Debora K McDonald

Name (Printed or typed)

801 N Ocean Blvd. Unit # 801

Address

Pompano Beach, FL 33062

City, State & Zip

954-366-1756

Daytime Telephone number

DQmcdonald@yahoo.com

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

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)

ARTICLE I NAME

Insurance Claims Management Specialists, Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
801 N Ocean Blvd
Unit # 801
Pompano Beach, FL 33062

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Assist claimants with their insurance related losses (Claims).

ARTICLE IV SHARES

The number of shares of stock is: 100 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Debora McDonald, Pres.
Address: 801 N Ocean Blvd.
Unit 801
Pompano Beach, FL 33062

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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:

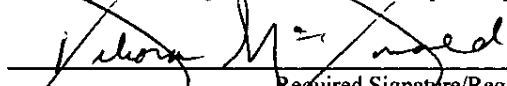
Name: Debora McDonald, Pres.
Address: 801 N Ocean Blvd Unit # 801
Pompano Beach, FL 33062

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Debora McDonald, Pres
Address: 801 N Ocean Blvd Unit # 801
Pompano Beach, FL 33062

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

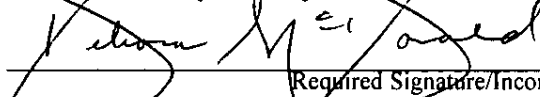


Required Signature/Registered Agent

03/28/11

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

03/28/11

Date

FILED
11 APR - 1 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA