

P110000051047

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(Business Entity Name)

(Document Number)

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2011 MAY 27 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: P.A.Claims Services, 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: Carlos Calzadilla

Name (Printed or typed)

7460 SW 107 AVE #303

Address

MIAMI, FL 33173

City, State & Zip

786-877-5332

Daytime Telephone number

PAClaimservices@gmail.com

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

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

2011 MAY 27 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FL 32304

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

P.A. Claims Services, Inc.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address

7460 SW 107 AVE

#303

Miami, FL 33173

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CARLOS CALZADILLA / P

Address: 7460 SW 107 AVE

#303

MIAMI, FL 33173

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: CARLOS CALZADILLA

Address: 7460 SW 107 AVE #303

MIAMI, FL 33173

ARTICLE VII INCORPORATOR

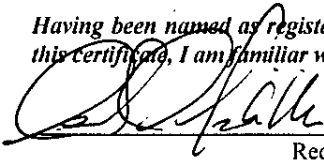
The name and address of the Incorporator is:

Name: CARLOS CALZADILLA

Address: 7460 SW 107 AVE #303

MIAMI, FL 33173

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

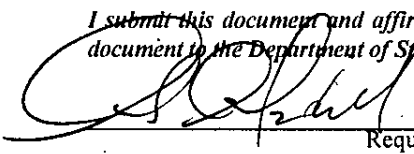
 / CARLOS CALZADILLA

Required Signature/Registered Agent

5/24/2011

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.

 / P. CARLOS CALZADILLA

Required Signature/Incorporator

5/24/2011

Date

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TALLAHASSEE, FLORIDA