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SEP 21 2011
J. Shivers

COVER LETTER

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

 **SUBJECT: AUTO CLAIM EXPERTS, LLC**
(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: LILIAN C FISH

Name (Printed or typed)

960 NE 175 ST

Address

MIAMI FLORIDA 33162

City, State & Zip

786-444-6830

Daytime Telephone number

BESTAXACCOUNTING@BELLSOUTH.NET

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

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

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August 26, 2011

Florida Department of Revenue

I, Lilian C. Fish with present address at 17850 W Dixie Highway Suite 2-B owner of Auto Claim Experts LLC, with Document # 264440170 inform that I have no intention of reinstate this LLC, instead I will like to open a Corporation with the same name: Auto Claim Experts, Inc.

Sincerely,

x *Lilian C. Fish*
Lilian C Fish

RECEIVED
FEBRUARY 27 OF 2012
TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION

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

ARTICLE I NAME AUTO CLAIM EXPERTS INC

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address

960 NE 175 ST
MIAMI FLORIDA 33162

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 500 SHARES @1.00 PAR VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LILIAN C FISH/PRESIDENT

Address: 960 NE 175 ST
MIAMI FLORIDA 33132

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: LILIAN C FISH

Address: 960 NE 175 ST
MIAMI FL 33132

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: LILIAN C FISH

Address: 960 NE 175 ST
MIAMI FL 33162

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

Lilian C. Fish
Required Signature/Registered Agent

08/26/11

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.

Lilian C. Fish
Required Signature/Incorporator

08/26/11

Date

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