

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

370037

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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION**

property claims center, pa

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

<https://efile.sunbiz.org/scripts/cfilcovr.exe>

11/15/2011

ARTICLES OF INCORPORATION

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

H11000271546

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

2011 NOV 15 AM 10:40

ARTICLE I NAME

The name of the corporation shall be:  
PROPERTY CLAIMS CENTER, PA

ARTICLE II PRINCIPAL OFFICE

Principal street address  
28 WEST FLAGLER STREET, 10<sup>TH</sup> FLOOR  
MIAMI, FL 33130

Mailing address, if different is:  
Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:  
The practice of law and legal services

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: David Low, President/Director  
Address: 28 West Flagler Street, 10<sup>th</sup> Floor  
Miami, FL 33130

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: David Low  
Address: 28 West Flagler Street, 10<sup>th</sup> Floor  
Miami, FL 33130

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: David Low  
Address: 28 West Flagler Street, 10<sup>th</sup> Floor  
Miami, FL 33130

\*\*\*\*\*  
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

11/15/11  
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

11/15/11  
Date

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