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FLORIDA Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
INSURANCE CLAIM LAW GROUP P.A.

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ARTICLES OF INCORPORATION
OF

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporator(s), for the purpose of forming a Professional Service Corporation under Chapter 621 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation

ARTICLE I NAME

The name of the corporation shall be:

INSURANCE CLAIM LAW GROUP P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

3000 SW 128 AVE
MIAMI FL 33175

ARTICLE III PURPOSE

The purpose of this corporation shall be:

PROFESSIONAL INSURANCE
ADJUSTER

ARTICLE IV CAPITAL STOCK

The number of shares of stock that this corporation is authorize to have outstanding is:

100 SHARES

ARTICLE V INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

JUAN J. STEFANO
3000 SW 128 AVE
MIAMI FL 33175

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TALLAHASSEE, FLORIDA

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ARTICLE VI BOARD OF DIRECTOR (S)

The name and address of the initial board of director(s) shall be:

Juan J. STEFANO
3000 SW 128 AVE
Miami FL 33175

ARTICLE VII OFFICER (S)

The name, title and address of the officer(s) of this corporation shall be:

Juan J. STEFANO - (P)
3000 SW 128 AVE
Miami FL 33175

ARTICLE VIII INCORPORATOR (S)

The name and address of the incorporator(s) to these Articles of Incorporation shall be:

Juan J. STEFANO
3000 SW 128 AVE
Miami FL 33175

The undersigned has (have) executed these Articles of Incorporation this ____ day of
____, 20____.


Incorporator Signature

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERD OFFICE**

**HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF
PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE
DESIGNATED IN THE ARTICLES OF INCORPORATION, I HEREBY ACCEPT THE
APPOINTMENT AS REGISTERED AND AGREE TO ACT IN THIS CAPACITY. I
FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES
RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES,
AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION
AS REGISTERED AGENT.**


REGISTERED AGENT SIGNATURE

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