

P14000/00660

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

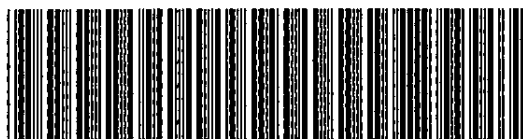
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

W-11-7742



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12/03/14--01032--006 **105.00

FILED
14 DEC 17 AM 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 1 8 2014

S. GILBERT

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: Claims Co., Inc.

Name of Resulting Florida Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

Staci Genet, Esq.

Contact Person

Law Office of Staci H. Genet, PA

Firm/Company

1323 SE 3rd Avenue

Address

Fort Lauderdale, FL 33301

City, State and Zip Code

sgenet@genetlawoffice.com

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

For further information concerning this matter, please call:

Staci H. Genet

Name of Contact Person

at (954) 764-0005

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$105.00 Filing Fees

☐ \$113.75 Filing Fees
and Certificate of
Status

☐ \$113.75 Filing Fees
and Certified Copy

☐ \$122.50 Filing Fees,
Certified Copy, and
Certificate of Status

STREET ADDRESS:

New Filings Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filings Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 5, 2014

STACI GENET, ESQ.
1323 SE 3RD AVENUE
FT. LAUDERDALE, FL 33301

SUBJECT: CLAIMS CO., INC.
Ref. Number: W14000072748

We have received your document for CLAIMS CO., INC. and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Certificate of Conversion must be signed by an authorized person.

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) 245-6052.

Sylvia Gilbert
Regulatory Specialist II
New Filing Section

Letter Number: 314A00025737

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Profit Corporation

FILED
14 DEC 17 AM 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

This Certificate of Conversion **and attached Articles of Incorporation** are submitted to convert the following **"Other Business Entity"** into a Florida Profit Corporation in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

Claims Co., LLC

Enter Name of Other Business Entity

2. The "Other Business Entity" is a Limited Liability Company
(Enter entity type. Example: limited liability company, limited partnership,
general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of Florida
(Enter state, or if a non-U.S. entity, the name of the country)

on September 17, 2013
Enter date "Other Business Entity" was first organized, formed or incorporated

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation:**

Claims Co., Inc.

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: _____
(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; **AND** 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.)

Signed this _____ day of _____, 20_____.

Required Signature for Florida Profit Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, ☒ Directors or Officers have been selected, an Incorporator: _____

Printed Name: Daniel Santiago

Title: President



Required Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]

Signature: _____

Printed Name: Staci H. Genet, Esq.

Title: Authorized Representative/Attorney

Signature: _____

Printed Name: _____

Title: _____

Signature: _____

Printed Name: _____

Title: _____

Signature: _____

Printed Name: _____

Title: _____

Signature: _____

Printed Name: _____

Title: _____

Signature: _____

Printed Name: _____

Title: _____

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

If Florida Limited Liability Company:

Signature of a Member or Authorized Representative.

All others:

Signature of an authorized person.

Fees:

Certificate of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

FILED

14 DEC 17 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: Claims Co., Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address

Mailing address, if different is:

244 Biscayne Blvd, #1205

Miami, FL 33312

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful Business

ARTICLE IV SHARES 100

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Daniel Santiago, President

Name and Title: _____

Address: 244 Biscayne Blvd

Address: _____

Miami, FL 33132

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Staci H. Genet, Esq.

Address: 1323 SE 3rd Avenue

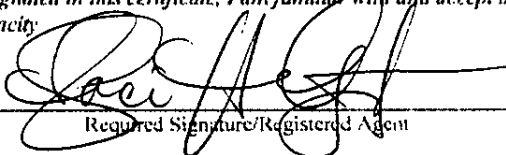
Fort Lauderdale, FL 33316

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Daniel Santiago
Address: 244 Biscayne Blvd
Miami, FL 33312

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:

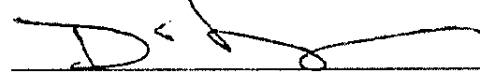


Required Signature/Registered Agent

12/2/14

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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



11/24/14

Date

Receipt

Page 1 of 1

Client #: **667669**

12/02/2014

Billing Information

Account Created: **12/2/2014 12:00:00 AM** Email (Logon): **ashonamorgan26@yahoo.com**
Name **Ashona Marcella Morgan**
Name on Card **Staci H. Genet** Address **1323 Southeast Third Avenue**
Card Number *******3003** City **Ft. Lauderdale**
Expiration **11/19** State, Zip **FL 33316**

Payment Receipt

Item ID	Prod ID	Item	Dollar Price
1471374	303	Bond(t) - FL 4 Year - \$7,500	45.00
1471375	1142	Secretary of State Filing Fee - FL	39.00
1471376	1170	Self-Inking Notary Seal (Pink)	32.00
1471377	990	Shipping & Handling	12.41
Order Total:			128.41