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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MD 3/1

ARTICLES OF INCORPORATION

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

ARTICLE I NAME ClaimMedic, Inc.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address

131 South End Street

St. Augustine, FL 32095

Mailing address, if different is: _____

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ARTICLE III PURPOSE
The purpose for which the corporation is organized is: _____ to assist consumers with the management of their medical bills by
auditing and reconciling their physician bills, hospital bills and insurance payments to ensure maximum reimbursement
_____ from their insurance coverage.

ARTICLE IV SHARES 100
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mary S. Daniel, President Name and Title: _____
Address 131 South End Street Address: _____
St. Augustine, FL 32095

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

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: Mary S. Daniel
 Address: 131 South End Street
St. Augustine, FL 32095

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ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Mary S. Daniel
 Address: 131 South End Street
St. Augustine, FL 32095

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Mary S. Daniel Required Signature/Registered Agent 2/17/16 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.

Mary S. Daniel Required Signature/Incorporator 2/17/16 Date