

P160000D18749

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

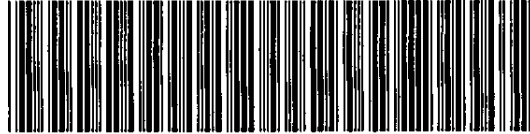
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700282231087

02/22/16--01032--021 **78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 FEB 22 PM 4:06

FILED

MD 3/1

COVER LETTER

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

SUBJECT: ClaimMedic, Inc.

(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: Mary S. Daniel

Name (Printed or typed)

131 South End Street

Address

St. Augustine, FL 32095

City, State & Zip

904-502-9776

Daytime Telephone number

marysdaniel@aol.com

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

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

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: ClaimMedic, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

131 South End Street

St. Augustine, FL 32095

FILED
16 FEB 22 PM 4:06
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

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

The number of shares of stock is: 100

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

FILED
16 FEB 22 PM 4:06
TALLAHASSEE, FLORIDA

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