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Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
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4. _____
(Corporation Name) (Document #)
5. _____
(Corporation Name) (Document #)
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☐ Walk in

☐ Pick up time _____

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☐ Certificate of Status

COVER LETTER

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

SUBJECT: EZ Comp Care 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: Leon Levy
Name (Printed or typed)

PO Box 6787
Address

Brandon, FL 33508
City, State & Zip

813-288-7399
Daytime Telephone number

Leon.Levy@ezcompcare.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: EZ Comp Care Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
605 W. Lumsden Rd
Brandon, FL 33511

Mailing address, if different is:
PO Box 6787
Brandon, FL 33508

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Provide professional coordination services to claims handlers
for specialty Workers Compensation Insurance claims.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Stacey Whidden - CEO/Member

Address PO Box 6787
Brandon, FL 33508

Name and Title: Leon Levy - VP/Member

Address: PO Box 6787
Brandon, FL 33508

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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CLERK OF DISTRICT COURT
16 MAR 14 PM 1:56

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: Andrew Hock
Address: 607 W bay Street
Tampa, FL 33606

ARTICLE VII INCORPORATOR

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

Name: Andrew Hock
Address: 607 W Bay Street
Tampa, FL 33606

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CORPORATION
16 MAR 14 PM 1:55

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 3/10/16 (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

Required Signature/Registered Agent

3/10/16
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.

Required Signature/Incorporator

3/10/16
Date