

**Electronic Articles of Incorporation  
For**

P17000019232  
FILED  
February 28, 2017  
Sec. Of State  
ndmccleessam

INSURANCE CLAIM PROFESSIONALS, INC.

The undersigned incorporator, for the purpose of forming a Florida profit corporation, hereby adopts the following Articles of Incorporation:

**Article I**

The name of the corporation is:

INSURANCE CLAIM PROFESSIONALS, INC.

**Article II**

The principal place of business address:

4754 NW 107 AVENUE  
SUITE 910  
DORAL, FL. US 33178

The mailing address of the corporation is:

4754 NW 107 AVENUE  
SUITE 910  
DORAL, FL. US 33178

**Article III**

The purpose for which this corporation is organized is:

ANY AND ALL LAWFUL BUSINESS.

**Article IV**

The number of shares the corporation is authorized to issue is:

100

**Article V**

The name and Florida street address of the registered agent is:

ANN OLIVA-YOUNG  
4754 NW 107 AVENUE  
SUITE 910  
DORAL, FL. 33178

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature: ANN OLIVA-YOUNG

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## **Article VI**

The name and address of the incorporator is:

ANN OLIVA-YOUNG  
4754 NW 107 AVENUE  
SUITE 910  
DORAL, FL 33178

Electronic Signature of Incorporator: ANN OLIVA-YOUNG

I am the incorporator submitting these Articles of Incorporation and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of this corporation and every year thereafter to maintain "active" status.

## **Article VII**

The initial officer(s) and/or director(s) of the corporation is/are:

Title: P,S  
ROSEMARY OLIVA  
4754 NW 107 AVENUE # 910  
DORAL, FL. 33178 US

## **Article VIII**

The effective date for this corporation shall be:

03/01/2017