

PI8000035129

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

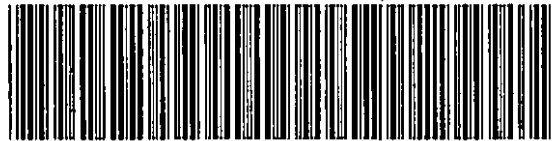
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

APR 18 2018

Y. SCOTT



800311661948

04/13/18--01021--007 **78.75

FILED
2018 APR 13 AM 11:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Expert Case Management 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: Milagros Sanchez
Name (Printed or typed)

2851 N.E. 183 Street, #709
Address

Aventura, FL 33160
City, State & Zip

(305) 607-1547
Daytime Telephone number

wonderfullifemillie@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: Expert Case Management Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2851 NE 183 St, #709, Aventura
FL, 33160

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Provision of workers
compensation case management services.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Milagres Sanchez

Name and Title: CEO

Address: 2851 NE 183 St, #709

Address:

Aventura, FL 33160

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

FILED
2018 APR 18 AM 11:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Milagros Sanchez
Address: 2851 NE 183 St, #709
Aventura, FL 33160

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Milagros Sanchez
Address: 2851 NE 183 St, #709
Aventura, FL 33160

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 days prior or 90 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:

Milagros Sanchez
Required Signature/Registered Agent

4/11/2018
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.

Milagros Sanchez
Required Signature/Incorporator

4/11/2018
Date