

P18000077319

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

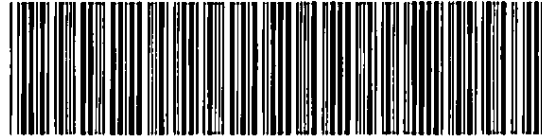
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/14/18--01001--010 **78.75

FILED

2018 SEP 13 PM 4:47

FILED

18 SEP 13 PM 4:42

DEPT. OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: ClaimWrite, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☒ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Samantha Herring

Name (Printed or typed)

755 Grand Blvd. STE 105B-129

Address

Miramar Beach, FL 32550

City, State & Zip

850-842-9997

Daytime Telephone number

Samanthahopeherring@gmail.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: ClaimWrite, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

755 Grand Blvd STE 105B-129

Miramar Beach FL 32550

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

The Corporation shall engage in any activity or business permitted under the laws of the United States and of the State of Florida

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PVST / Samantha Herring

Address 755 Grand Blvd STE 105B-129

Miramar Beach FL 32550

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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2018 SEP 13 PM 4:47
CLERK OF DISTRICT COURT

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: Samantha Herring

Address: 755 Grand Blvd. 105B - 129
Miramar Beach, FL 32550

ARTICLE VII INCORPORATOR

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

Name: Samantha Herring

Address: 755 Grand Blvd 105B - 129
Miramar Beach, FL 32550

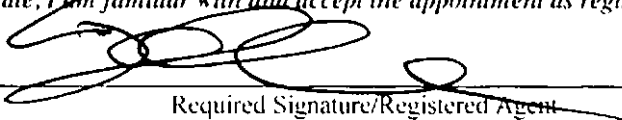
ARTICLE VIII EFFECTIVE DATE:

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.)

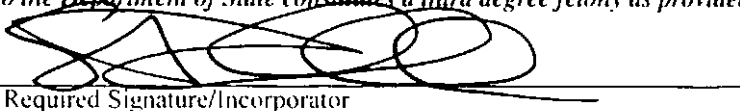
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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


Required Signature/Registered Agent

09/12/2018
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.


Required Signature/Incorporator

09/12/2018
Date