

P18000092806

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

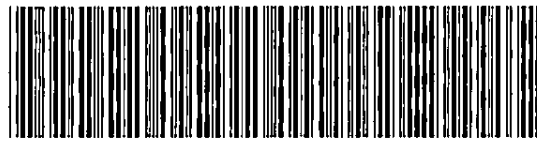
Special Instructions to Filing Officer:

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2018 NOV 13 AM 6:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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18 NOV 13 PM 4:36
RECEIVED
STATE OF FLORIDA

COVER LETTER

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

SUBJECT: CLAIMBUDDY, 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: MIDDLETON & MIDDLETON, P.A.

Name (Printed or typed)

1469 MARKET ST

Address

TALLAHASSEE, FL 32312

City, State & Zip

850 815 0256

Daytime Telephone number

BIZ.SERVICES.FL@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: CLAIMBUDDY, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

17843 ASHLEY DR

SAME

PANAMA CITY BEACH FL 32413

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LEGAL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: P - LEE HAIGHT

Name and Title:

Address 17843 ASHLEY DR

Address:

PANAMA CITY BEACH FL 32413

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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2014 NOV 13 AM 6:30

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: MIDDLETON & MIDDLETON, P.A. _____

Address: 1469 MARKET ST _____

TALLAHASSEE, FL 32312 _____

ARTICLE VII INCORPORATOR

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

Name: MIDDLETON & MIDDLETON, P.A. _____

Address: 1469 MARKET ST _____

TALLAHASSEE, FL 32312 _____

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

FILED NOV 13 2018 TALLAHASSEE, FL
Required Signature/Registered Agent _____ 11/13/18
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 _____ 11/13/18
Date