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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
GT CLAIM SERVICES INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

N. SAMS

NOV 27 2018

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

GT CLAIM SERVICES INC

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

P: 28036 SW 134 CT Homestead FL 33033

M: P.O. Box 654913

Miami, FL 33265

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

George L. Torrente Sr (P)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

GEORGE L. Torrente Sr.

28036 SW 134 CT

Homestead FL 33033

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

George L. Torrente Sr.

28036 SW 134 CT

Homestead FL 33033

10/07/2018 P. 2:22

Required Signatures:

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

Registered Agent

11/21/18

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.

Incorporator

11/21/18

Date

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