

SLC
5/6/2020

H200001314933
COVER LETTER

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

SUBJECT: MY CLAIM PROCESSING INC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

<input type="checkbox"/> \$70.00	<input type="checkbox"/> \$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: CARLOS ANGARITA Name (Printed or typed)

408 S CLYDE AVE SUITE 1
Address

KISSIMMEE, FL 34741
 City, State & Zip

407-409-9824
Daytime Telephone number

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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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: MY CLAIM PROCESSING INC

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

408 S CLYDE AVE SUITE 1

KISSIMMEE, FL 34741

Mailing address, if different is:

408 S CLYDE AVE SUITE 1

KISSIMMEE, FL 34741

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: SERVICES - CLAIM MANAGMENT

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CARLOS ANGARITA

Name and Title: _____

Address PRESIDENT

Address: _____

408 S CLYDE AVE SUITE 1

KISSIMMEE, FL 34741

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

2008 MAY -5 PM 12:50
FILED
CLERK OF DISTRICT COURT
KISSIMMEE, FLORIDA

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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: CARLOS ANGARITA

Address: 408 S CLYDE AVE SUITE 1

KISSIMMEE, FL 34741

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CARLOS ANGARITA

Address: 408 S CLYDE AVE SUITE 1

KISSIMMEE, FL 34741

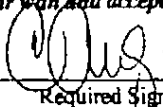
ARTICLE VIII EFFECTIVE DATE:

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.)

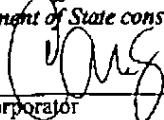
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

5/4/2020
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

5/4/2020
Date

FILED

2020 MAY -5 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FL 32399

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