Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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H200001314833ABCX

To:	Division of Corporations		
	Fax Number : (850)617-6381		
From:	· -		2
, , 0.0.	Account Name : EXPERTAX		<u> </u>
	Account Number : 120200000010		
•	Phone : (407)777-7470 Fax Number : (321)206-9743		
	1 UA 11000000 . (342)200-3143	•	
	FLORIDA PROFIT/NON PRO MY CLAIM PROCE		ION
	Certificate of Status	1	
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	■l :		
2008 2018 2018 2018 2018 2018	Estimated Charge	\$78.75	
MINO PORTON	Estimated Charge	3/8./5	
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H200001314933 COVER LETTER

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

SUBJECT: MY C	LAIM PROCESSING INC (PROPOSED CORPORA	TE NAME – <u>MŪST INCLI</u>	UDE SUFFIX)		
Enclosed are an ori	ginal and one (1) copy of the art	icles of incorporation and	a check for:	ר	
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	☑ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED		
from: <u>C</u>	ARLOS ANGARITA	e (Printed or typed)			
4(08 S CLYDE AVE SUITE 1			Zi	2
	ISSIMMEE, FL 34741 City,	Address State & Zip		SCOREGARTON ALLAHASSELFI	
41		Telephone number		CE (084))	
	E-mail address: (to be use	d for future annual report	notification)		

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

H200001314933

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

CLE II PRINC	<u>IPAL OFFICE</u>	3 d 112 - 1 d	. :e ::ee
	Principal street address	Mailing address, if different is:	
CLYDE AVE SUITE 1 MMEE, FL 34741		KISSIMMEE, FL 94741	
CLE III PURPO	OSE the corporation is organized is: SERVIC	CES - CLAIM MANAGMENT	
irpose for which t	he corporation is organized is:		
	·		
			
		_,	
	ro		
CLE IV SHAR	es stock is: 100		
CLE IV SHAR umber of shares of	es stock is: 100		
umber of shares of	stock is: 100		
umber of shares of CLE VINITL	stock is: 100 L OFFICERS AND/OR DIRECTORS	Nome and Title	
umber of shares of CLE VINITL	stock is: 100 AL OFFICERS AND/OR DIRECTORS 6: CARLOS ANGARITA	Name and Title:	
umber of shares of CLE VINITL	stock is: 100 L OFFICERS AND/OR DIRECTORS	Name and Title:	
umber of shares of CLE V INITL Name and Titl	Stock is: 100 AL OFFICERS AND/OR DIRECTORS CARLOS ANGARITA PRESIDENT	Name and Title:	
umber of shares of CLE V INITL Name and Titl	CARLOS ANGARITA PRESIDENT 408 S CLYDE AVE SUITE 1	Name and Title:	
umber of shares of CLE V INITL Name and Titl	Stock is: 100 AL OFFICERS AND/OR DIRECTORS CARLOS ANGARITA PRESIDENT	Name and Title:	
umber of shares of CLE V INITL Name and Titl Address	CARLOS ANGARITA PRESIDENT 408 S CLYDE AVE SUITE 1 KISSIMMEE , FL 34741	Name and Title:Address:	
umber of shares of CLE V INITL Name and Titl Address	CARLOS ANGARITA PRESIDENT 408 S CLYDE AVE SUITE 1	Name and Title:Address:	
umber of shares of CLE V INITL Name and Titl Address Name and Title	CARLOS ANGARITA PRESIDENT 408 S CLYDE AVE SUITE 1 KISSIMMEE , FL 34741	Name and Title: Address: Name and Title:	
umber of shares of CLE V INITL Name and Titl Address	CARLOS ANGARITA PRESIDENT 408 S CLYDE AVE SUITE 1 KISSIMMEE , FL 34741	Name and Title: Address: Name and Title:	2978 HAY
umber of shares of CLE V INITL Name and Titl Address Name and Title	CARLOS ANGARITA PRESIDENT 408 S CLYDE AVE SUITE 1 KISSIMMEE , FL 34741	Name and Title: Address: Name and Title:	2928 HAY - 5
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umber of shares of CLE V INITL Name and Titl Address Name and Title Address	Stock is: 100 LL OFFICERS AND/OR DIRECTORS CARLOS ANGARITA PRESIDENT 408 S CLYDE AVE SUITE 1 KISSIMMEE , FL 34741	Name and Title: Address: Name and Title: Address: Name and Title:	2928 HAY - 5

H200001314933

Name a	nd Title:	Name and Title:	
Addres	s	Address:	 -
		•	
ARTICI F VI	REGISTERED AGENT		:
The name and 1	Florida street address (P.O. Box NOT accept	table) of the registered agent is:	
Name:	CARLOS ANGARITA		
Address:	408 S CLYDE AVE SUITE 1		
	KISSIMMEE, FL 34741		2028 MAY
			MAY -
ARTICLE VIL	INCORPORATOR		-5 4888
The name and	address of the Incorporator is:		
Name:	CARLOS ANGARITA		PM 12:
Address:	408 S CLYDE AVE SUITE 1		الله الله الله الله الله الله الله الله
	KISSIMMEE, FL 34741		
ARTICLE VIII	EFFECTIVE DATE: if other than the date of filing:	(OPTIONAL)	•
(If an effective	date is listed, the date must be specific an	d cannot be more than five days prior	or 90 days after the
filing.)			
Note: If the da	te inserted in this block does not meet the ap	plicable statutory filing requirements, this	s date will not be listed as
the document's	effective date on the Department of State's	records.	
Having been no	umed as registered agent to accept service of p	process for the above stated corporation at	the place designated in this
certificate, I an	familiar with and accept the appointment as	registered agent and agree to act in this c	capacuy / ,
	(V() LLQ		54200
	Required Signature/Registered Ag	gent	' Daté
I submit this d	ocument and affirm that the facts stated he	rein are true. I am aware that the false	information submitted in a
document to th	e Department of State constitutes a third deg	ree jeiony as proviaed for in 5.617.153, F.:	* du lamo
	("MX		5/4/ww
Required Signa	iture/Incorporator	Date	