

795000039840

TRANSMITTAL LETTER

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

SUBJECT: CPI Claims Corp.
(Proposed corporate name - must include suffix)

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

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM: CPI Claims Corp.
Name (printed or typed)

2851 Abney Avenue
Address

Address

Orlando, FL 32833
City, State & Zip

City, State & Zip

(407) 568-5666
Daytime Telephone number

Daytime Telephone number

900001493759
-05/18/95--01099--006
*****78.75 *****78.75

FILED
95 MAY 18 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

CPI Claims, Inc. _____

CPI Claims, Inc.
2851 Abney Avenue
Orlando, FL 32833
407-568-5666 568-0680FAX

May 1, 1995

Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

RE: CPI Claims, Inc./59-2943724

Dear Sirs:

This letter is written to give expressed written consent for
Maureen C. Mogus to use CPI Claims in the name of the company she
is forming.

She will be requesting the name of CPI Claims Corp. located at
2851 Abney Avenue, Orlando, Florida 32833.

Sincerely,

CPI CLAIMS, INC.

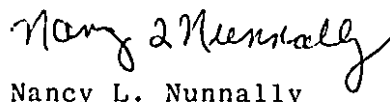


Anne Marie Deaver
President

Notary acknowledgement: State of Florida
County of Escambia

Sworn to and Subscribed before me this 1st day of May 1995.

Notary signature



Nancy L. Nunnally

Notary Seal

Identification produced: I.D./Personally Known

NANCY L. NUNNALLY
"Notary Public-State of Florida"
My Commission Expires Mar. 23, 1999
CC 434061

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95 MAY 18 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: CPI Claims Corp. of Orlando

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

2851 Abney Avenue
Orlando, FL 32833

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Maureen Mogus
CPI Claims Corp. of Orlando
2851 Abney Avenue
Orlando, FL 32833

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Maureen C. Mogus
2851 Abney Avenue
Orlando, FL 32833

Michael E. Mogus
2851 Abney Avenue
Orlando, FL 32833

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

15th day of May, 19 95.

Maureen C. Mogus
Maureen C. Mogus, President Signature

Michael E. Mogus
Michael E. Mogus, Vice-President Signature

Signature

Articles of Incorporation
Filing Fee - \$35

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: CPI Claims Corp. of Orlando
2851 Abney Avenue
Orlando, FL 32833

2. The name and address of the registered agent and office is:
Maureen Mogus
CPI Claims Corp. of Orlando
2851 Abney Avenue, Orlando FL 32833
(Name)

(P.O. Box or Mail Drop Box NOT acceptable)

(City/State/Zip)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Maureen C Mogus
(Signature)

May 15, 1995
(Date)

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TALLAHASSEE, FLORIDA