P95000054397

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



·
SUBJECT:
70000153943 -07/18/9501027009 ****122.50 ****122.5 Enclosed is an original and one (1) copy of the articles of incorporation and a check
for: \$70.00 \$78.75 Filing Fee & Filing Fee & Filing Fee, & Certified Copy & Certificate Additional Copy Required
FROM: MIKE Utterback Name (printed or typed) P.O. BOX 10385 Address Deltona F1. 32728 City, State & Zip (904) 789-0144 Daytime Telephone number
BE 7 H

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

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Corporation Act, hereby adopt(s) the following Articles of Incorporation.	Florida ESE	Busi පි	ness
ARTICLE I NAME The name of the corporation shall be: Investigative Claims Bureau, Inc.	LAN. SEEP, FLORID.	JUL 11, 124 10: 07	FILED
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be: 3236 Parma Dr. P.O. Box 63P5 Deltona, F1. 32728 Deltona, F1. 32728			

ARTICLE III SHARES

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

500 At \$1.00 per share

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

MIKE Utterback

3236 Parma Dr. Deltona, Fl. 32728 P.o. Box 6385 Deltona, Fl. 32728

ARTICLE V · INCORPORATOR(S) See instructions for officers/directors

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

Mike Utterback (President/Director)

3236 Parma Dr. Deltona Fl. 32728

P.O. Box 6385 Deltona, Fl. 32728

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

loth day of July , 19 95

Signature

Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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:	Investigative Claims	Bureau, Inc
2. The name and address of the reg	istered agent and office is:	95 J SECRE
Mike	Utterback (NAME)	FILE TARY OF MASSEE.
	BOX or Mail Drop BOX NOT ACCEPTABLE)	D AH IO: 07 ESTATE FLORIDA
	FL 32728	-

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.

M. Villoch 7/6/95
(SIGNATURE) (DATE)

BP9500054397Investigative Claims Bureau, Inc.

To Whom It May Concern,

This letter is to confirm that the company, "Investigative Claims bureau" is on 8/1/97, requesting from the "Florida Dept. of State" to dissolve the corporation. Any questions, please call.

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Sincerely

Michael Utterback

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ARTICLES OF DISSOLUTION

Pursuant to 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation is: Investigative Claims Bureay
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SECOND:	The articles of incorporation were filed on: 7 14 95
THIRD:	(CHECK ONF)
	None of the corporation's shares have been issued.
	The corporation has not commenced business.
FOURTH:	No debt of the corporation remains unpaid.
FIFTH:	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.
SIXTH:	Adoption of Dissolution (CHECK ONE)
	A majority of the incorporators authorized the dissolution. A majority of the directors authorized the dissolution.
Signe	d this $\frac{157}{4}$ day of $\frac{A_{49115}}{4}$, $\frac{19}{4}$
Signature	(By the chairman or vice chairman of the board, president, or other officer - if there are no officers or directors, by an incorporator.)
_	Michael J. Utterback (Typed or printed name)
	President
	(Title)