

# P96000026772

## TRANSMITTAL LETTER

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

6000017532313  
-03/21/96--01032--0110  
\*\*\*122.50 \*\*\*122.50

SUBJECT: Claims Processing, Inc  
(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: Ida DeJesus - GIOVANNI  
Name (printed or typed)

10097 Cleary Blvd-Suite 299  
Address

Plantation, FL 33324  
City, State & Zip

(954) 424-0570  
Daytime Telephone number

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
96 MAR 21 AM 10:25

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

g 3/27/96

## ARTICLES OF INCORPORATION

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
96 MAR 21 AM 10:25

*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:

Claims Processing, Inc.

### ARTICLE II PRINCIPAL OFFICE

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

10097 Cleary Blvd - Suite 299  
Plantation FL 33324

### ARTICLE III SHARES

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

1,000

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Ida DeJesus-Giovanni  
10097 Cleary Blvd - Suite 299  
Plantation, FL 33324

**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):

Ida DeJesus-Giovinni  
10097 Cleary Blvd - Suite 299  
Plantation, FL 33324

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

20th day of March, 19 96.

  
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: Claims Processing, Inc.
2. The name and address of the registered agent and office is:

Ida DeJesus - Giovanni  
(NAME)

10097 Cleary Blvd-Suite 299  
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Plantation, FL 33324  
(CITY/STATE/ZIP)

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95 MAR 21 AM 10:26

*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.*

Ida DeJesus - Giovanni  
(SIGNATURE)

3/20/96  
(DATE)