

P96000036376

TRANSMITTAL LETTER

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

800001796059
-04/26/96--01095--006
****122.50 ****122.50

SUBJECT: Federal Claims Bureau Inc
(Proposed corporate name - must include suffix)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 APR 26 PM 1:34

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:

James Kady
Name (printed or typed)

332 Whetherbine way
Address

Tallahassee Florida 32301
City, State & Zip

(904) 510-0889 or (904) 425-0067
Daytime Telephone number

(904) 671-4640

RECEIVED
55 APR 26 AM 9:39
DIVISION OF CORPORATIONS

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

W96-8997

5/4/26

Will
Wait
name
OK per
KB
JK



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

April 26, 1996

JAMES KADY
332 WHETHERBINE WAY
TALLAHASSEE, FL 32301

SUBJECT: FLORIDA BUREAU OF INVESTIGATION INC.
Ref. Number: W93000008997

We have received your document for FLORIDA BUREAU OF INVESTIGATION INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must be identical throughout the document.

Section 607.0401, 617.0401, and 608.406, Florida Statutes, state that entity names "may not contain language stating or implying that the corporation is connected with a state or federal government agency or a corporation chartered under the laws of the United States." Therefore, we are unable to approve the name designated in your document. Please select a new name and make the substitution in all the appropriate places.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6924.

Sharon Tala
Document Specialist Supervisor

Letter Number: 796A00019956

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:

Federal Claims Bureau Inc.

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ARTICLE II PRINCIPAL OFFICE

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

332 Whetherbine way
Tallahassee Florida 32301

ARTICLE III SHARES

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

200

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

James Kady
332 Whetherbine way
Tallahassee Florida 32301

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):

James Kady 332 Weatherbine way
Tallahassee Florida
32301

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

26 day of ~~april~~ april, 19 6.



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 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.

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1. The name of the corporation is:

Federal Claims Bureau Inc.
(must include suffix)

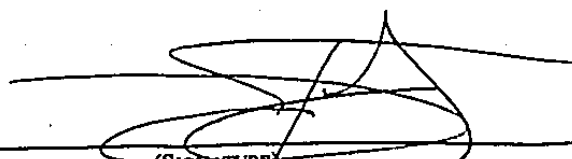
2. The name and address of the registered agent and office is:

James Kady
(NAME)

332 Weatherbine way
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Tallahassee Florida 32301
(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.


(SIGNATURE)

4/26/96
(DATE)