

P96000036751

TRANSMITTAL LETTER

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

SUBJECT: DRS Claim Service, Inc.
(Proposed corporate name - must include suffix)

04/24/96-01012-020
***119.75 ***119.75

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

FROM: ROY RAKER
Name (printed or typed)
Rt. 5, Box 12
Address
Havana, Florida 32333
City, State & Zip
(904) 878-4589
Daytime Telephone number

FILED
96 APR 24 PM 1:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AL APR 29 1996

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

ARTICLES OF INCORPORATION

FILED
96 APR 24 PM 1:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

DRS Claim Service, Inc.

ARTICLE II PRINCIPAL OFFICE

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

Rt. 5, Box 12
Havana, Florida 32333

ARTICLE III SHARES

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

500

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Roy Raker
Rt. 5, Box 12
Havana, Florida 32333

ARTICLE V INCORPORATOR(S)

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

Roy Raker
Rt. 5, Box 12
Havana, Florida 32333

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

22nd day of April, 1996.

Roy Raker
Signature

N/A

Signature

N/A

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: DRS Claim Service, Inc.

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

Roy Raker
(Name)
Rt. 5, Box 12
(P.O. Box not acceptable)
Havana, Florida 32333
(City/State/Zip)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

95 APR 24 PM 1:03

FILED

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.

Roy Raker
(Signature)

April 22, 1996
(Date)