

P96000050745

TRANSMITTAL LETTER

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

*****79.75 *****78.75
-06/04/96--01001--015
*****79.75 *****78.75

SUBJECT: International Claims Management Services, 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: Terry L. Manuel
Name (printed or typed)

2530 NE 36th Street

Address

Lighthouse Point, Florida 33064

City, State & Zip

800-711-3956

Daytime Telephone number

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

GB 6/13/96



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

95 JUN 13 11 11 AM

June 6, 1996

TERRY L. MANUEL
2530 NE 36TH ST
LIGHTHOUSE POINT, FL 33064

SUBJECT: INTERNATIONAL CLAIMS MANAGEMENT SERVICES, INC.
Ref. Number: W96000011992

We have received your document for INTERNATIONAL CLAIMS MANAGEMENT SERVICES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

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) 487-6931.

Garrett Blanton
Document Specialist

Letter Number: 796A00028308

ARTICLES OF INCORPORATION

06 JUN 13 PM 5:14

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:

International Claims Management Services, Inc.

ARTICLE II PRINCIPAL OFFICE

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

2530 NE 36th Street

Lighthouse Point, Florida 33064

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:

Terry L. Manuel
2530 NE 36th Street
Lighthouse Point, Florida 33064

ARTICLE V - Incorporator

Terry L. Manuel
2530 NE 36th Street
Lighthouse Point, FL 33064

Terry L. Manuel

**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: International Claims Management Services, Inc.

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

Terry L. Manuel

(NAME)

2530 NE 36th Street

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

Lighthouse Point, Florida 33064

(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.

Terry L. Manuel
(SIGNATURE)

5/31/96
(DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314