

P96000056068

Requestor's Name

16009 Timberwood Dr.
Tampa, FL 33625

FILED
JUL - 1 PM 2:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

700001880147
-07/01/96--01021--016
*****78.35 *****78.35

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

7/3/96
JD

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials	
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Linight
16009 *Linburnwood Dr.*
Tampa, FL 33625

City/State/Zip

Phone #

500001857855
-06/11/96--01082--003
*****78.25 *****78.25

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. *CZOR, Co.*
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
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<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

789, 503, 706, 671
7/96 - 12633



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

June 13, 1996

MICHELLE L. JINRIGHT
16009 TIMBERWOOD DRIVE
TAMPA, FL 33625

SUBJECT: CZR, INC.
Ref. Number: W96000012633

We have received your document for CZR, INC. and your check(s) totaling \$78.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

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) 487-6972.

Doris Brown
Document Specialist

Letter Number: 396A00029495

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.

FILED
65 JUL - 1 PM 2:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

~~CZR, Inc.~~

CZR, Executive Claims Network, Inc.

ARTICLE II PRINCIPAL OFFICE

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

Principal Place 1211 East 142nd Avenue
Tampa, FL 33613

Mailing Address P.O. Box 272576
Tampa, FL 33688 - 2576

ARTICLE III SHARES

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

~~100,000~~
(Ten) 10 shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Michelle L. Jinright
16009 Timberwood Drive
Tampa, FL 33625

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):

Darlene Staunko
1211 E. 142nd Ave.
Tampa, FL 33613

Michelle L. Jinright
16009 Timberwood Drive
Tampa, FL 33625

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

31 day of May, 19 96.

(An additional article must be added if an effective date is requested.)


Signature


Signature

Signature

Notarization is not required

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

Michelle L. Tinright
(NAME)

16009 Timberwood Drive
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Tampa, FL 33635
(CITY/STATE/ZIP)

FILED
96 JUL - 1 PM
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Michelle L. Tinright
(SIGNATURE)

July 31, 1996
(DATE)

DEBIT MEMORANDUM

FOR OFFICIAL USE

DATE

NUMBER

TO :

DEPARTMENT OF STATE

P 960000 56068

STATE OF FLORIDA
OFFICE OF STATE TREASURER
TALLAHASSEE FLORIDA

FUND	AMOUNT	REASON RETURNED	KEY #
GENERAL REVENUE	0.00	INSUFFICIENT FUNDS	1
TRUST	2,746.25	ACCOUNT CLOSED	2
OTHER		UNCOLLECTED FUNDS	3
TOTAL	2,746.25	OTHER	4

CROSS
REF

DISTRIBUTION

SAMAS CODE

REASON

AMOUNT

12	45-20-2-130001-45300000-00-000100-00	4	10.00
12	45-20-2-130001-45300000-00-000100-00	1	35.00
12	45-20-2-130001-45300000-00-000100-00	1	35.00
12	45-20-2-130001-45300000-00-000100-00	4	61.25
12	45-20-2-130001-45300000-00-000100-00	2	70.00
12	45-20-2-130001-45300000-00-000100-00	1	78.25
12	45-20-2-130001-45300000-00-000100-00	1	146.75
12	45-20-2-130001-45300000-00-000100-00	1	200.00
12	45-20-2-130001-45300000-00-000100-00	2	225.00
12	45-20-2-130001-45300000-00-000100-00	1	233.75
12	45-20-2-130001-45300000-00-000100-00	4	575.00
12	45-20-2-130001-45300000-00-000100-00	1	1,076.25

GRAND TOTAL:

\$ 2,746.25

Process Date: 06/24/96

The above named fund(s) has been reduced by the amount of this check(s) under authority of Section 215.34, F.S.

State Treasurer

*George
Dunlap*

(F) NSF 91326

June 5 1996

53-237237

PRESENTED 1996

JUN 17 1996

Suncoast Schools
FORT MYERS, FL 33901

DOLLARS

1018647522

George Dunlap

0000007825

DEPT OF STATE 4500453
FOR DEPOSIT ONLY
-06/11/96--01082--003
*****78.25

DO NOT STAMP OR SIGN BELOW THIS LINE

1 2-9/001/200 020 1000004444 020-03 0530000000

260613 118008

01000 2000 01009340000
0530000047

10 075940 06-17-1302-55
203000155 00035003

BARNETT JAX
800-5239498>0630000472
05-12 JAX FL
05-12 JAX FL
05-12 JAX FL



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

July 17, 1996

CZR Executive Claims Network Inc.
1211 East 142nd Avenue
Tampa, FL 33613

SUBJECT: CZR, EXECUTIVE CLAIMS NETWORK, INC.
Ref. Number: P96000056068

Debit Memo #: 700057-F

This is to inform you that your check #91 dated June 5, 1996 in the amount of \$78.25 and submitted for CZR, EXECUTIVE CLAIMS NETWORK, INC. has been returned to us by your bank because of Nonsufficient Funds.

We request that you remit a cashier's check or money order in amount of \$93.75 made payable to the Department of State. This amount will cover the unpaid check and the service fee required by law under section 215.34, Florida Statutes.

When sending the cashiers check or money order, please indicate the debit memo number and that it is a replacement for the returned check mentioned above.

Please note: The documents filed in this office with the returned check will be cancelled unless a replacement check is received within 30 days from the date of this letter. Send the replacement check to:

Division of Corporations
Attn: Melinda Lilliston
P.O. Box 6327
Tallahassee, FL 32314

If you have any questions concerning the returned check, please call (904) 487-6900.

Sincerely,
Melinda Lilliston
Administrative Assistant I
Division of Corporations

Letter number: 696A00034662



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

August 19, 1996

CZR Executive Claims Newtwork, Inc.
1211 East 142nd Avenue
Tampa, FL 33613

SUBJECT: CZR EXECUTIVE CLAIMS NETWORK, INC.
Ref. Number: P96000056068

Debit Memo #: 700057-F

Due to your failure to respond to our previous letter advising you of the returned check #91, the Articles of Incorporation for CZR EXECUTIVE CLAIMS NETWORK, INC. have been cancelled and are considered not filed as of August 19, 1996.

The name of your corporation is now available for use.

If you have any questions concerning the returned check, please call (904) 487-6900.

Sincerely
Melinda Lilliston
Administrative Assistant I
Division of Corporations

Letter number: 096A00039351

P96 000056068

DOCUMENT NUMBER P96000056068

DATE: 8-29-96

RECEIVED PAYMENT FOR DEBIT MEMO # 700057-1 IN THE AMOUNT
OF \$ 15.00 . ~~***** PAYMENT OF INCORPORATION~~

MELINDA LILLISTON

Service Fee Charge

500001935355
-08/29/96--01011--009
*****15.00 *****15.00