

**P96000056068**

Requestor's Name

16009 Timberwood Dr.  
Tampa, FL 33625

SECRET  
TREASURY STATE  
FLORIDA  
95 JUL -1 PM 2:59  
FILED

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

*Linright*  
 16009 Timberwood Dr.  
 Tampa, FL 33625

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

\_\_\_\_\_  
 City/State/Zip Phone #

Office Use Only

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

1. *C.R. Co.*  
 (Corporation Name) (Document #)
2. \_\_\_\_\_  
 (Corporation Name) (Document #)
3. \_\_\_\_\_  
 (Corporation Name) (Document #)
4. \_\_\_\_\_  
 (Corporation Name) (Document #)

- 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

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

*789, 503, 706, 671*  
*2/96 - 12633*

Examiner's Initials	_____
---------------------	-------



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**

FILED  
65 JUL - 1 PM 2:59  
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:

~~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 142<sup>nd</sup> 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. 142<sup>nd</sup> Ave.  
Tampa, FL 33613

Michelle L. Jirright  
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

TO : DEPARTMENT OF STATE

DATE

NUMBER

**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	SAMAS CODE	DISTRIBUTION	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  
Dante*

(F) NSF9136

19 96

51-237231

PRESENTED 1996

JUN 17 1996

DOLLARS

Suncoast Schools  
FORT MYERS, FLORIDA 33901

*Dr. Felix G. ...*

⑆263882817⑆ 1018647522⑆ 009⑆ 0000007825⑆



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

DO NOT WRITE IN SPACES BELOW THIS LINE

1 20/001/200 020 1000004444 020-03 0530000000

260613 318008

01000 000010409340000

0530000047

10 075500 06171302-56

293000159 00035003

053050994 800-5239498 > 0630000472

053050994 05-12 JAX FL

053050994 05-12 JAX FL

BARNETT JAX

>0630000472

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 Network, 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 . ~~MEMBER OF ASSOCIATION~~

MELINDA LILLISTON

Service Fee Charge

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