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Office of
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September 17, 1996

Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

300001952849
-09/20/96--01055--007
*****122.50 *****122.50

Re: CIS Claims Service, Inc.

Dear Sir or Madame:

Enclosed are the original and one copy of the articles of incorporation for the above-named proposed Florida corporation. Also enclosed is a check in the amount of \$122.50, representing the fees for filing and a certified copy. Please return the certified copy to me at the address shown on this letterhead.

Thank you for your consideration in this matter.

Very truly yours,


Stephen P. Lee

SPL/ch

Enclosures


9/20

96 SEP 20 PM 12:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

**ARTICLES OF INCORPORATION
FOR
CIS CLAIMS SERVICE, INC.**

The undersigned, desiring to form a corporation in accordance with Chapter 607, Florida Statutes, the Florida General Corporation Act, adopts and files the following Articles of Incorporation.

**Article One
NAME**

The name of this corporation shall be:
CIS CLAIMS SERVICE, INC.

**Article Two
PRINCIPAL OFFICE OF CORPORATION**

The street address of the principal place of business of the corporation is 2801 S.W. College Road, Suite 6, Ocala, Florida 34474. The mailing address of the corporation is the same.

**Article Three
PURPOSE**

The corporation is formed for the purpose of transacting any and all lawful businesses for which corporations may be incorporated under Chapter 607, Florida Statutes, including third party administration of insurance claims.

**Article Four
DURATION**

The term of existence of the corporation is perpetual.

**Article Five
ISSUANCE OF SHARES**

The number of shares of stock that the corporation is authorized to have outstanding at any one time is 100, with an initial par value of \$5.00 per share. All shares of stock of the corporation shall be common shares.

**Article Six
REGISTERED AGENT**

The location and address of the corporation's initial registered office in Florida is 2801

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

S.W. College Road, Suite 6, Ocala, Florida 34474. The initial registered agent at the registered office is B. Gail Spires.

**Article Seven
INCORPORATOR**

The name and street address of the incorporator to these articles of incorporation is Robert E. Taylor, 2801 S.W. College Road, Suite 6, Ocala, Florida 34474.

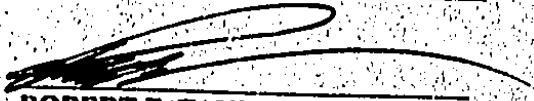
**Article Eight
SHAREHOLDER AGREEMENT**

In accordance with F.S. Sections 607.0732 and 607.0801, Robert E. Taylor, as the sole shareholder and incorporator of this corporation, agrees that the Board of Directors shall be abolished and that the affairs of the corporation shall be managed by himself.

**Article Nine
AMENDMENT**

These articles of incorporation may be amended at any time in a manner now or subsequently permitted by statute. Any change authorized by the holders of shares entitling them to exercise the majority of the voting power of the corporation, or any greater number that may then be required by statute, shall be binding on every shareholder of the corporation as fully as if each shareholder had voted for the change.

IN WITNESS WHEREOF I have signed these articles of incorporation on this 19 day of September, 1996.


ROBERT E. TAYLOR

STATE OF FLORIDA
COUNTY OF MARION


The foregoing instrument was acknowledged before me this 19 day of September, 1996, by ROBERT E. TAYLOR, who is personally known to me or produced as identification and who did not take an oath.

My commission expires:



B. GALE SPIRES
My Comm Exp. 12/16/99
Bonded By Service Inc
No. CC508725

☐ Personally Known ☐ Other I.D.


Notary Public - State of Florida

B. Gale Spires
Typed or Printed name of Notary

**ACCEPTANCE OF REGISTERED AGENT
OF
CIS CLAIMS SERVICE, INC.**

Having been named to accept service of process for **CIS CLAIMS SERVICE, INC.**, at the place designated above in these articles of incorporation, I agree to act in this capacity and agree to comply with the provisions of Section 48.091, Florida Statutes, as well as all other statutes relating to the proper and complete performance of my duties. I am familiar with and accept the obligations of my position as registered agent.

DATED this 19th day of September, 1996.

B. Gail Spires
B. GAIL SPIRES

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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