

Roll #
1:2728

P 96000080109

Harry W. Thompson
Requestor's Name

4261 NW 2nd St
Address

Plantation, FL 33317
City/State/Zip Phone #

Lost Validation

100001949131

09/17/96 01106005

Office Use Only

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

1. Professional Claims Investigations, Inc.
(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

FILED
96 SEP 25 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Examiner's Initials	
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ARTICLES OF INCORPORATION

ARTICLE I

NAME: The name of this corporation is: PROFESSIONAL CLAIMS INVESTIGATIONS II, INC.

ARTICLE II

DURATION: The corporation shall have perpetual existence.

ARTICLE III

PURPOSE: The purpose of the corporation is to engage in any and/or all activities or business purpose permitted under the law of the United States of America and the State of Florida, including but not limited to own and operate an investigation service business, including adjustment, analysis, negotiations and settlement of claims and related matters, and for other legal purposes under the laws of the State of Florida.

ARTICLE IV

CAPITAL STOCK: The maximum number of shares which this corporation is authorized to have outstanding at any one time is seventy-five (75) shares of common stock having one and no/100 (\$1.00) dollars par value per share.

ARTICLE V

INFORMAL ACTION OF DIRECTORS: If all the directors severally or collectively consent in writing to any action taken or to be taken by the corporation, and the writings evidencing their consent are filed with the Secretary of the corporation, the action shall be as valid though it had been authorized at a meeting of the Board of Directors.

INCORPORATOR: The incorporator shall be Gary W. Thompson, 4261 NW 2nd Street, Plantation, FL 33317.

ARTICLE VI

PRINCIPAL OFFICE, AND REGISTERED AGENT AND OFFICE. The principal office shall be 4261 NW 2nd Street, Plantation, FL 33317. The registered agent at that address is, Gary W. Thompson.

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TALLAHASSEE, FLORIDA

**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: PROFESSIONAL CLAIMS INVESTIGATIONS II, INC.
2. The name and address of the registered agent and office is:

Gary W. Thompson

(NAME)

4261 NW 2nd Street

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

Plantation, FL 33317

(CITY/STATE/ZIP)

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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.

Gary W. Thompson

(SIGNATURE)
Registered agent and incorporator

9/13/96

(DATE)

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

DEBIT MEMORANDUM

000069

TO :
DEPARTMENT OF STATE

FOR OFFICIAL USE

DATE

NUMBER

STATE OF FLORIDA
OFFICE OF STATE TREASURER
TALLAHASSEE FLORIDA

FUND	AMOUNT	REASON RETURNED	KEY #
GENERAL REVENUE	0.00	INSUFFICIENT FUNDS	1
TRUST	1,308.75	ACCOUNT CLOSED	2
OTHER		UNCOLLECTED FUNDS	3
TOTAL	1,308.75	OTHER	4

CROSS REF	SAMAS CODE	DISTRIBUTION	REASON	AMOUNT
12	45-20-2-130001-45300000-00-000100-00		4	78.75
12	45-20-2-130001-45300000-00-000100-00		1	85.00
12	45-20-2-130001-45300000-00-000100-00		3	122.50
12	45-20-2-130001-45300000-00-000100-00		1	122.50
12	45-20-2-130001-45300000-00-000100-00		1	225.00
12	45-20-2-130001-45300000-00-000100-00		1	225.00
12	45-20-2-130001-45300000-00-000100-00		1	225.00
12	45-20-2-130001-45300000-00-000100-00		2	225.00

GRAND TOTAL:

\$ 1,308.75

RECEIVED
OCT 14 AM 8:09
FISCAL MANAGEMENT

71285-A

700002025727--8

-12/11/96--01001-003
****137.50 ****137.50

Process Date: 10/01/96

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