

CORPORATE
ACCESS,
INC.

P96000094528

1116-D Thomasville Road . Mount Vernon Square . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (904) 222-2666 or (800) 969-1666 . Fax (904) 222-1666

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FILING

Profit

1.) Claims Processing Service, Inc.
(CORPORATE NAME & DOCUMENT #)

2.)
(CORPORATE NAME & DOCUMENT #)

EFFECTIVE DATE

11-18-96

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10.)
(CORPORATE NAME & DOCUMENT #)

SPECIAL INSTRUCTIONS

RECEIVED
96 NOV 19 AM 11:23
DIVISION OF CORPORATION
TALLAHASSEE, FLORIDA
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11-19-96

EFFECTIVE DATE
11-18-96
ARTICLES OF INCORPORATION

OF
CLAIMS PROCESSING SERVICE, INC.

ARTICLE I

The name of this corporation is Claims Processing Service, Inc.

ARTICLE II

This corporation shall exist perpetually. It shall commence on November 18, 1996.

ARTICLE III

The total number of shares that the corporation has authority to issue is 1000 all of which shall be common shares with a par value of \$1.00 per share.

ARTICLE IV

The street address of the initial registered office of this corporation is 4595 Lexington Avenue, Jacksonville, Fl 32210, and the name of the initial registered agent of this corporation at that address is SHIRLEY MOORE. The above is also the mailing address.

ARTICLE V

This corporation shall have one (1) director initially. The number of directors may either be increased or diminished from time to time by the by-laws, but there shall never be less than one. The name and address of the initial director of this corporation is:

SHIRLEY MOORE

4595 Lexington Avenue
Jacksonville, Fl. 32210

ARTICLE VI

The purpose of this corporation is to engage in all forms of lawful business.

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ARTICLE VII

The name and address of the person signing these Articles is SHIRLEY MOORE, 4595 Lexington Avenue, Jacksonville, Florida 32210.

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Incorporation, this 18th day of November, 1996.

Shirley Moore
SHIRLEY MOORE

STATE OF FLORIDA
COUNTY OF DUVAL

Before me, a Notary Public authorized to take acknowledgments, in the state and county set forth above, personally appeared SHIRLEY MOORE, known to me and known by me to be the person who executed the foregoing Articles of Incorporation, and she acknowledged before me that she executed those Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the state and county aforesaid, this 2nd day of November, 1996.



Catherine L. Ballard
MY COMMISSION # CC515481 EXPIRES
November 15, 1997
BONDED THRU TROY FAIR INSURANCE, INC.

Catherine L. Ballard
Notary Public, State of Florida
At large.
My commission number: _____
My commission expires: _____

CONSENT

I, SHIRLEY MOORE, do hereby consent to the designation in these Articles of Incorporation as registered agent of the corporation.

Shirley Moore
SHIRLEY MOORE

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA