

P960000 99269

TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

200002016182--2  
-11/27/96--01082--007  
\*\*\*\*132.50 \*\*\*\*132.50

SUBJECT: Automated Claims & Business Services, Inc. (ACBS, Inc.)  
(Proposed corporate name must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate

☐ \$122.50  
Filing Fee  
& Certified Copy

☒ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Vanessa Scott  
Name (Printed or typed)

7662 Gramercy Drive  
Address

Orlando, FL 32818  
City, State & Zip

(407) 523-4469 / (407) 296-5275  
Daytime Telephone number

FILED  
96 DEC -6 PM 2:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOTE: Please provide the original and one copy of the articles.

W96-25320



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

December 4, 1996

VANESSA SCOTT  
7662 GRAMERCY DRIVE  
ORLANDO, FL 32818

SUBJECT: AUTOMATED CLAIMS & BUSINESS SERVICES, INC.  
Ref. Number: W96000025320

We have received your document for AUTOMATED CLAIMS & BUSINESS SERVICES, INC. and your check(s) totaling \$132.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock.

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) 487-6067.

Neysa Culligan  
Document Specialist

Letter Number: 996A00054326

## 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.*

### ARTICLE I NAME

The name of the corporation shall be:

Automated Claims & Business Services, Inc.

### ARTICLE II PRINCIPAL OFFICE

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

7662 Gramercy Drive  
Orlando, FL 32818

### ARTICLE III SHARES

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

5

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Vanessa Scott  
7662 Gramercy Drive  
Orlando, FL 32818

FILED  
65 DEC -6 PM 2:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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):

Vanessa Scott  
1662 Gramercy Drive  
Orlando, FL 32818

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

30th day of October, 1996.

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

Vanessa Scott  
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: Automated Claims + Business Services, Inc.

2. The name and address of the registered agent and office is:

Vanessa Scott  
(NAME)

7662 Gramercy Drive  
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Orlando, FL 32818  
(CITY/STATE/ZIP)

FILED  
96 DEC -6 PM 2:30  
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.*

Vanessa Scott  
(SIGNATURE)

10/30/96  
(DATE)