

P96000100269

TRANSMITTAL LETTER

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

SUBJECT: Insurance Claims Recovery Service, 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

☐ \$122.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Virginia M. Swanson
Name (Printed or typed)

8320 NW 10TH Street
Address

Pembroke Pines, FL 33024
City, State & Zip

800-792-7936
Daytime Telephone number

200002023632--7
-12/09/96--01042--016
*****61.25 *****61.25

200002023632--7
-12/09/96--01042--017
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Jan 12/12

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

**ARTICLES OF INCORPORATION
OF
INSURANCE CLAIMS RECOVERY SERVICE, INC.**

FILED
96 DEC -9 AM 9: 57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLE I
NAME AND ADDRESS
OF CORPORATION**

The name of the corporation shall be: Insurance Claims Recovery Service, Inc. The address of the corporation shall be: 8320 N.W. 10th Street, Pembroke Pines, Florida 33024.

**ARTICLE II
TERM**

The corporation shall exist perpetually unless sooner dissolved according to law, commencing on the date and time of filing of the Articles of Incorporation by the Department of State stated herebelow.

**ARTICLE III
PURPOSE AND POWERS**

This corporation is organized for the purpose of assisting insured individuals with the settlement of insurance claims by representing insureds under letters of representation, power of attorney and/or employing duly licensed legally authorized insurance adjusters to perform such services.

**ARTICLE IV
CAPITAL STOCK**

The aggregate number of shares which the corporation has authority to issue is One Hundred (100), all of which shall be common shares with par value of One Dollar (\$1.00) per share.

**ARTICLE V
INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is: Virginia M. Swanson, 8320 N.W. 10th Street, Pembroke Pines, Florida 33024.

**ARTICLE VI
INITIAL BOARD OF DIRECTORS**

The board of directors of the corporation shall consist of not less than two (2) members as fixed and determined from time to time by the shareholders.

The name and address of the members of the first Board of Directors are:

VIRGINIA M. SWANSON	8320 N.W. 10th Street Pembroke Pines, Florida 33024
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SAM L. STONER	P.O. Box 688 Canyon, Tx 79015
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ARTICLE VII
INCORPORATORS

The names and street addresses of the incorporators to these Articles of Incorporation are:

SAM L. STONER

P.O. Box 686
Canyon, TX 79015

VIRGINIA M. SWANSON

8320 N.W. 10th Street
Pembroke Pines, Florida 33024

ARTICLE VIII
EXECUTIVE COMMITTEE

The Board of Directors may, by resolution, designate two or more of their number to substitute an Executive Committee, who, to the extent provided in such resolution, or in the By Laws of the corporation, shall have and may exercise the powers of the Board of Directors. The Board of Directors may, by resolution, discontinue the Executive Committee or change the members thereof at any time.

ARTICLE IX
INDEMNIFICATION

The Corporation shall indemnify any officer or director or any former officer or director or member of the Executive Committee or any shareholder to the full extent permitted by law.

ARTICLE X
DISQUALIFICATION

If any officer, shareholder, agent or employee who has been rendering professional services to the public becomes legally disqualified to render such professional services within any state or accepts employment that, pursuant to existing law, places restrictions or limitations upon his/her continued rendering of such professional services, he/she shall sever all employment with and financial interests in this corporation forthwith.

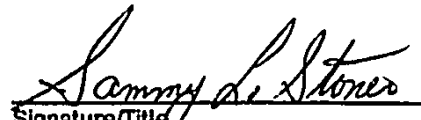
ARTICLE XI
AMENDMENT

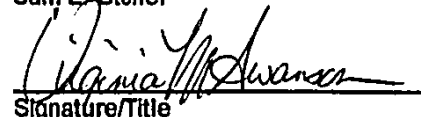
The corporation reserves the right to amend or repeal any provision contained in these Articles of Incorporation or any amendment thereto and any rights conferred upon the shareholders is subject to this reservation.

ARTICLE XII
SURVIVORSHIP

In the event that one of the owners should become deceased, the remaining owner will inherit the deceased owners interest in the corporation. Any pending fees owed to the deceased owner, at the time of death, will be paid to the deceased owner's specified beneficiary. All other corporate leads, assets and financial interest in the corporation will be transferred to the surviving owner.

The undersigned have executed these Articles of Incorporation this 1st day of November, 1996.


Signature/Title
Sam L. Stoner


Signature/Title
Virginia M. Swanson

**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: Insurance Claims Recovery Service, Inc.

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

Virginia M. Swanson
(NAME)

8320 NW 10TH Street
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Pembroke Pines, FL 33024
(CITY/STATE/ZIP)

FILED
96 DEC -9 AM 9:51
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.

Virginia M. Swanson
(SIGNATURE)

12-6-96
(DATE)