

TRANSMITTAL LETTER

Department of State
Division of Corporations
P.O. Box 632
Tallahassee, FL 32314

SUBJECT:

A- Prompt Claim, Corp.
(Proposed corporate name - must include suffix)

300002084913--6
-02/12/97--01030--001
****131.25 ****131.25

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:

LaritzA Gonzalez
Name (Printed or typed)

1800 W 54th St, # 409
Address

Hialeah, FL 33012
City, State & Zip

305-828-8458, 305-729-4261
Daytime Telephone number

FILED
97 FEB 12 AM 11:05
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

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:

A-Prompt Claim, Corp. :

ARTICLE II PRINCIPAL OFFICE

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

clb Laritza Gonzalez
1800 W 54th St #409
Hialeah, FL 33012

ARTICLE III SHARES

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

100 Shares - Common Stock

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Laritza Gonzalez
1800 W 54th St, #409
Hialeah, FL 33012

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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):

Laritza Gonzalez
1800 W 54th St, #409
Hialeah, FL 33012

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

10 day of February, 19 97.

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

Laritza Gonzalez
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 A-Prompt Claim, Corp.

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

Laritza Gonzalez
(NAME)

1800 W 54th St #409
(P. O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Hialeah, FL 33012
(CITY/STATE/ZIP)

97 FEB 12 AM 11:05
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TALLAHASSEE, FLORIDA

FILED

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.

Laritza Gonzalez
(SIGNATURE)

2/10/97
(DATE)