

P97000088083

TRANSMITTAL LETTER

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

SUBJECT: Claims Processing Services, Inc.
(Proposed corporate name - must include suffix)

EFFECTIVE DATE

10-15-97

900002312779--9

-10/06/97--01118--022

*****70.00 *****70.00

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: JAMES E. SHIVELY
Name (Printed or typed)

725 MONTANA STREET
Address

ORLANDO, FL 32803
City, State & Zip

407-898-4437
Daytime Telephone number

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

97 OCT 13 AM 11:26

FILED

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

1097-22886

me 10/13/97



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

October 7, 1997

JAMES E. SHIVELY
725 MONTANA STREET
ORLANDO, FL 32803

SUBJECT: CLAIMS PROCESSING SERVICES, INC.
Ref. Number: W97000022886

We have received your document for CLAIMS PROCESSING SERVICES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

Please return the original and one copy of 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 (850) 487-6067.

Neysa Culligan
Document Specialist

Letter Number: 897A00049140

EFFECTIVE DATE
10-15-47

FILED

ARTICLES OF INCORPORATION OF

97 OCT 13 AM 11: 26

HEALTHCLAIMS PROCESSING SERVICES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned subscribers to these Articles of Incorporation, natural persons competent to contract, hereby form a corporation for profit under the laws of the State of Florida.

ARTICLE I - NAME

The name of the corporation is:

HEALTHCLAIMS PROCESSING SERVICES, INC.

ARTICLE II - NATURE OF BUSINESS

The general character, purpose, and nature of business to be transacted by this corporation is as follows:

- (a) To acquire by purchase, lease or otherwise, lands and interest in lands, and to deal with said land in any business or trade capacity deemed legal in the State of Florida.
- (b) To acquire by purchase, lease, manufacture or otherwise, personal property and to use same and dispose of same in any capacity deemed legal in the State of Florida.
- (c) To contract debts and borrow money, issue and sell or pledge bonds, debentures, notes, and other evidences of indebtedness, and to execute such mortgages, transfers or corporate property, or other instruments to serve the payment of corporate indebtedness as required.
- (d) To carry on in any capacity any business or trade deemed legal in the State of Florida.
- (e) To enter into, make, perform and carry out contracts and agreements of every kind, for any lawful purpose, without limit as to amount, with any firm, association or corporation, and to transact any further and other business necessarily connected with the purpose of this corporation, or calculated to facilitate the same.
- (f) To do any or all of the things herein set forth to the same extent as natural persons might or could do; and in any part of the world as principals, agents, contractors or otherwise, alone or in company with others, and to do and perform all such things and acts as may be necessary, profitable or expedient in carrying on any of the business or acts above named.

The intention is that none of the objects and powers as hereinafter set forth, except where otherwise specified in this Article II, shall be in anyway limited or restricted by reference to or inference from the terms of any other objects, powers, or clauses specified in each of the clauses and in this Article II shall be regarded as independent objects and powers.

ARTICLE III - CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any time is 500 shares of common stock, each share having a par value of \$1.00. Said authorized shares may be divided into voting and non-voting shares before issuance by action of the Board of Directors; provided, however, that in the event such designation is specifically made by the Board of Directors, said stock shall be deemed voting.

Authorized capital stock may be paid for in cash, service or property at a just value to be fixed by the Board of Directors of this corporation at any regular or special meeting.

ARTICLE IV - TERM OF EXISTENCE

This corporation shall have perpetual existence.

ARTICLE V - ADDRESS

The initial street address of the principal office of this corporation is to be at 725 Montana Street, Orlando, Florida 32803.

The Board of Directors may from time to time designate such other address or place for the principal office of this corporation as it may see fit.

ARTICLE VI - RESIDENT AGENT

In pursuance of Chapter 48.091, Florida Statutes, the following is submitted in compliance with said Act:

That HEALTHCLAIMS PROCESSING SERVICES, INC. desiring to organize under the laws of the State of Florida with its principal office as indicated in the Articles of Incorporation at the City of Orlando, County of Orange, has named JAMES E. SHIVELY, located at 725 Montana Street, Orlando, Florida 32803, Orange County, Florida, as its agent to accept service of process within this State.

ACKNOWLEDGEMENT

Having named to accept service of process for the above stated corporation, at the place designated in this certificate, I hereby accept to act in this capacity and agree to comply with the provisions of said Act relative to keeping open said office. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation."


Resident Agent - JAMES E. SHIVELY

ARTICLE VII - DIRECTORS

The corporation shall have two (2) directors initially. The number of directors may be increased or diminished from time to time by the By-Laws, but shall never be less than one (1).

ARTICLE VIII - INITIAL DIRECTORS

The names and street addresses of the initial director who shall hold office until the successors are elected and have qualified is as follows:

JAMES E. SHIVELY 725 Montana Street, Orlando, Florida 32803

JOHANNA ROBERTS-OUELETTE 725 Montana Street, Orlando, Florida 32803

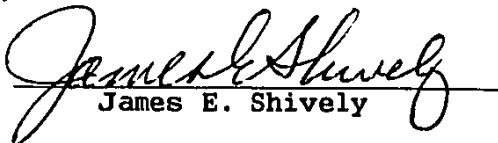
ARTICLE IX - EFFECTIVE DATE

These Articles of Incorporation shall be effective October 15, 1997 upon certification by the Secretary of State.

ARTICLE X - AMENDMENT

These Articles of Incorporation may be amended in the manner provided by law. Every amendment shall be approved by the Board of Directors, proposed by them to stockholders, and approved at a stockholders meeting by a majority of the stockholders entitled to vote thereon, manifesting their intention that a certain amendment to these Articles of Incorporation be made.

IN WITNESS WHEREOF, the undersigned have hereunto set their signature, acknowledged and filed the forgoing Articles of Incorporation under the laws of the State of Florida, this 10th day of October, 1997.


James E. Shively

STATE OF FLORIDA)
)
COUNTY OF ORANGE)

Before me, the undersigned Notary Public, personally appeared JAMES E. SHIVELY, to me well known and known to me to be the person described in and first being duly sworn, executed the foregoing Articles of Incorporation and acknowledged before me that he executed the same for the purposes therein expressed.

WITNESS, my hand and official seal in the County and State named above this 10th day of October, 1997.

Joseph M. Puleri
Notary Public

JOSEPH M. PULERI
My Comm. Exp. 9/23/2001
Bonded By Service Ins
No. CC683033

My Commission Expires: 9/23/2001

☐ Personally Known ☐ Other I.D.

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT. REGISTERED OFFICE**

Pursuant to the provisions of sections 607.0501 or 617.0501, 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:

HEALTHCLAIMS PROCESSING SERVICES, INC.

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

**James E. Shively
725 Montana Street
Orlando, Florida 32803**

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.

Signature

James E. Shively

Date

10-10-97

FILED
97 OCT 13 AM 11:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA