

TRANSMITTAL LETTER

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

100002392181--9

-01/07/98-01040-001

****122.50 ****122.50

100002392181--9

-01/07/98-01040-002

*****8.75 *****8.75

SUBJECT:

CLAIMS Unlimited, 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:

PATRICE P. HARRIS

Name (Printed or typed)

9329 Danville Ave

Address

Jacksonville, FL 32208

City, State & Zip

(904) 768-7196

Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

98 JAN -7 PM 3:51

FILED

TCH-1/8/98

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

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

CLAIMS Unlimited, Inc

ARTICLE II PRINCIPAL OFFICE

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

9329 DANVILLE AVENUE & PO BOX 9518
JACKSONVILLE, FL 32208 / JACKSONVILLE, FL 32208

ARTICLE III SHARES

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

10 (TEN)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

PATRICE P. HARRIS
9329 DANVILLE AVENUE, JACKSONVILLE, FL 32208

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

PATRICE P. HARRIS
9329 DANVILLE AVE
JACKSONVILLE, FL 32208

Patrice P. Harris

Signature/Incorporator

01/02/98

Date

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

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

Patrice P. Harris

Signature/Registered Agent

01/02/98

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12. Names and addresses of officers and/or directors: (Street address **ONLY** - P.O. Box **NOT** acceptable)

A. DIRECTORS (Street address only - P.O. Box **NOT** acceptable)

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only - P.O. Box **NOT** acceptable)

President: PATRICE P. HARRIS

Address: 9329 Danville Avenue

JACKSONVILLE, FL 32208

Vice President: BENJAMIN PURDY SR.

Address: 801 W. 4TH ST. #101

JACKSONVILLE, FL 32209

Secretary: PAULETTE FONSVILLE

Address: 9329 Danville Ave.

JACKSONVILLE, FL 32208

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. PATRICE P. HARRIS

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. PATRICE P. HARRIS PRESIDENT

(Typed or printed name and capacity of person signing application)