

P98000002181



THE UNITED STATES  
CORPORATION  
COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 662057 8676A

AUTHORIZATION :

*Patricia Pzyto*

COST LIMIT : \$ 70.00

ORDER DATE : January 8, 1998

ORDER TIME : 1:44 PM

ORDER NO. : 662057-005

CUSTOMER NO: 8676A

700002394767--7

CUSTOMER: Elaine R. Steeris, Legal Asst  
MERRILL BOOKSTEIN, ESQ

4800 North Federal Highway  
Suite 201b  
Boca Raton, FL 33431

DOMESTIC FILING

NAME: MEDICAL CLAIMS RECOVERY  
SYSTEMS, INC.

EFFECTIVE DATE:

☒ ARTICLES OF INCORPORATION  
☐ CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY  
☒ PLAIN STAMPED COPY  
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder

EXAMINER'S INITIALS:

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

98 JAN -8 PM 3:52

FILED

*Dmc*  
*1-8-98*

RECEIVED

98 JAN -8 PM 3:52

DIVISION OF CORPORATION

FILED

98 JAN -8 PM 3:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION  
OF

MEDICAL CLAIMS RECOVERY SYSTEMS, INC.

The undersigned incorporator hereby forms a corporation under Chapter 607 of the laws of the State of Florida.

ARTICLE I. NAME

The name of the corporation shall be:

MEDICAL CLAIMS RECOVERY SYSTEMS, INC.

The address of the principal office of this corporation shall be 4800 North Federal Highway, Suite 201B, Boca Raton, Florida 33431, and the mailing address of the corporation shall be the same.

ARTICLE II. NATURE OF BUSINESS

This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

ARTICLE III. CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 1,000 shares of common stock having \$1.00 par value per share.

ARTICLE IV. REGISTERED AGENT

The street address of the initial registered office of the corporation shall be 4800 North Federal Highway, Suite 201B, Boca Raton, Florida 33431, and the name of the initial registered agent of the corporation at that address is Merrill A. Bookstein, Esq.

ARTICLE V. TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE VI. DIRECTORS

All corporate powers shall be exercised by or under the authority of, and the business and affairs of the corporation managed under the direction of its Board of Directors, subject to any limitation set forth in these Articles of Incorporation. This corporation shall have two Directors, initially. The names and addresses of the initial members of the Board of Directors are:

Jeff Guarino	4800 North Federal Highway, Suite 201B
Dir.	Boca Raton, Florida 33431

Estelle Guarino	Same
Dir.	

Dir.

ARTICLE VII. OFFICERS

The name and addresses of the initial officers of the corporation who shall hold office for the first year of the corporation, or until their successors are elected or appointed are:

Jeff Guarino Pres.	4800 North Federal Highway, Suite 201B Boca Raton, Florida 33431
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Estelle Guarino Sec./Treas.	Same
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ARTICLE VIII. INCORPORATOR

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

Corporation Service Company  
1201 Hays Street  
Tallahassee, Florida 32301

IN WITNESS WHEREOF, the undersigned agent of Corporation Service Company, has hereunto set their hand and seal of Corporation Service Company on January 8, 1998.

CORPORATION SERVICE COMPANY

By: Karen B. Rozar

Its Agent, Karen B. Rozar

GLS/das

CERTIFICATE OF DESIGNATION OF **FILED****REGISTERED AGENT/REGISTERED OFFICE**

92 JAN -8 PM 3:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA  
STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS  
OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGN-  
ATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF  
FLORIDA.

1. The name of the corporation is: MEDICAL CLAIMS RECOVERYSYSTEMS, INC.

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

MERRILL A. BOOKSTEIN, ESQ.

(Name)

4800 N. FEDERAL HIGHWAY - SUITE 201B

(P.O. Box not acceptable)

BOCA RATON, FLORIDA 33431

(City/State/Zip)

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 perfor-  
mance of my duties, and I am familiar with and accept the obligations of my position  
as registered agent.

(Signature)

8/15/92

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL