

P98000069666

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

700002609277--8
-08/06/98--01052--001
****131.25 ****131.25

SUBJECT: Florida Claims Consultants, 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: Donald R. Green
Name (Printed or typed)

6260 Capstan Court
Address

Rockledge, Florida 32955
City, State & Zip

407 - 632-5899
Daytime Telephone number

SECRET
TALLAHASSEE FLORIDA

98 AUG -6 AM 9:55

FILED

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

AUG 11 1998
200

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:

Florida Claims Consultants, Inc.

ARTICLE II PRINCIPAL OFFICE

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

6260 Capstan Court
Rockledge, FL 32955

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

DONALD R. GREEN
6260 CAPSTAN CT

ARTICLE V INCORPORATOR

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

Donald R. Green
6260 Capstan Court
Rockledge, FL 32955



Signature/Incorporator

8-3-98

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



Signature/Registered Agent

8-3-98

Date