



P98000071557

ACCOUNT NO. : 072100000032

REFERENCE : 927293 7161537

AUTHORIZATION

Patricia Pizutti

COST LIMIT : \$ 70.00

ORDER DATE : August 13, 1998

ORDER TIME : 3:52 PM

ORDER NO. : 927293-005

CUSTOMER NO: 7161537

CUSTOMER: Carl D. Motes, Esq
MOTES & SEARS P.A.

Suite 203, 180 N. Park Ave.

600002615756--4

Winter Park, FL 32789

DOMESTIC FILING

NAME: ~~INSURANCE CLAIM MANAGEMENT~~
~~GROUP, INC.~~

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Brenda Phillips

EXAMINER'S INITIALS:

2044
W98-18533

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 AUG 13 PM 12:05
RECEIVED
98 AUG 13 PM 1:19
DIVISION OF CORPORATION



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 AUG 13 PM 12:05

August 14, 1998

CSC NETWORKS
1201 HAYS STREET
TALLAHASSEE, FL 32301

RESUBMIT

Please give original
submission date as file date.

SUBJECT: INSURANCE CLAIM MANAGEMENT GROUP, INC.
Ref. Number: W98000018533

We have received your document for INSURANCE CLAIM MANAGEMENT GROUP, INC. and the authorization to debit your account in the amount of \$70.00. However, the document has not been filed and is being returned for the following:

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) 487-6973.

Claretha Golden
Document Specialist

Letter Number: 798A00042273

RECEIVED
98 AUG 17 AM 10:42
DIVISION OF CORPORATIONS

ARTICLES OF INCORPORATION
Of

INSURANCE CLAIM MANAGEMENT GROUP OF THE SOUTHEAST, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 AUG 13 PM 12:05

ARTICLE I
CORPORATE NAME

The name of the Corporation is **INSURANCE CLAIM MANAGEMENT GROUP**
OF THE SOUTHEAST, INC.

ARTICLE II
PURPOSE

The purpose of the Corporation is to engage in any lawful act or activity for which a corporation may be organized under the Laws of the State of Florida other than the banking business, the trust company business or the practice of a profession permitted to be incorporated by the State of Florida Corporations Code.

ARTICLE III
REGISTERED OFFICE/AGENT

The street address of the Corporation's principal office in the State of Florida is 180 N. Park Avenue, Suite 203, Winter Park, Florida, 32789; and the name of its initial registered agent at such address is Carl D. Motes.

ARTICLE IV
AUTHORIZED CAPITAL STOCK

The total number of shares of which the Corporation shall have the authority to issue are 1,000, and the par value of each share shall be \$0.01.

ARTICLE V
PROVISIONS

The provisions for the regulations of the internal affairs of the Corporation shall be as set forth in the bylaws.

ARTICLE VI
DURATION

The duration of the Corporation shall be perpetual.

ARTICLE VII
BOARD OF DIRECTORS

The number of directors constituting the initial Board of Directors of the Corporation is two.

The name and address of each person who is to serve as members of the initial Board of Directors of the Corporation are as follows:

Joseph P. Petitta, 103 North Bay Hills Boulevard, Safety Harbor, Florida 34695.

Carl D. Motes, 180 N. Park Avenue, Suite 203, Winter Park, Florida, 32789.

IN WITNESS THEREOF, the undersigned incorporator has executed these Articles of Incorporation on this, the 11th day of August, 1998.



Incorporator: Carl D. Motes

**NOTICE OF ACCEPTANCE OF APPOINTMENT
AS
REGISTERED AGENT**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 AUG 13 PM 12:05

I, Carl D. Motes, hereby accept appointment as the Registered Agent of:

INSURANCE CLAIM MANAGEMENT GROUP OF THE SOUTHEAST, INC.

My street address is 180 N. Park Avenue, Suite 203, Winter Park, Florida 32789.



Carl D. Motes

Dated: August 11, 1998