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TRANSMITTAL LETTER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 MAY 17 PM 4:07

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

300002876943--5
-05/17/99--01076--010
*****87.50 *****87.50

SUBJECT: Florida Claims Specialists 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 of Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Eric Harris
Name (Printed or typed)

8401 9th St. N. #200
Address

St. Petersburg, FL. 33702
City, State & Zip

(727) 480-3179
Daytime Telephone number

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

B. BROWN MAY 19 1999

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 Specialists Inc.

ARTICLE II PRINCIPAL OFFICE

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

Principal place: 9590 Sun Isle DR. NE. St. Petersburg, FL. 33702

Mailing: 8401 9th Street N. # 200 St. Petersburg, FL. 33702

ARTICLE III SHARES

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

20

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Eric Harris 9590 Sun Isle DR. NE. St. Petersburg, FL. 33702

ARTICLE V INCORPORATOR

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

Eric Harris 9590 Sun Isle DR. NE. St. Petersburg, FL. 33702


Signature/Incorporator

5/14/99
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

5/14/99
Date