

Charter Number Only

8/31/99

Requestor Name

Address

City

State

ZIP

Phone

VALIDATION ONLY

CORPORATION(S) NAME

900002975529--6
-09/01/99--01004--014
*****78.75 *****78.75

Insurance claims Administrators,
Inc.

☒ Profit
☐ NonProfit

☐ Amendment

☐ Merger

☐ Foreign

☐ Dissolution

☐ Mark

☐ Limited Partnership
☐ Reinstatement

☐ Annual Report
☐ Reservation

☐ Other
☐ Change of Registered Agent

☒ Certified Copy

☐ Photo Copies

☐ Certificate Under Seal

☐ Call When Ready

☐ Call If Problem

☐ After 4:30

☒ Walk In

☐ Will Wait

☒ Pick Up

☐ Mail Out

FILED
RECEIVED
99 SEP - 1 AM 10:27
99 SEP - 1 AM 9:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



Empire Toll Free: 1-800-432-3028

CERTIFIED COPY

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

FILED
9 SEP - 1 AM 10:27
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLES OF INCORPORATION
OF

Insurance Claims Administrators, Inc.

The undersigned hereby forms a Corporation under the following charter of Articles of incorporation:

ARTICLE I

The name of this Corporation shall be:

Insurance Claims Administrators, Inc.

ARTICLE II

The Corporation shall have a perpetual existence.

ARTICLE III

This Corporation is organized for the purpose of transacting any or all lawful business.

ARTICLE IV

This corporation is authorized to issue one thousand shares of one dollar (1.00) par common stock.

ARTICLE V

This Corporation initially has locations with the principal office located at:

35 Thurston Drive
Palm Beach Gardens, Florida 33418

ARTICLE VI

The name of the initial registered agent of this corporation and address is:

Karen E. Stedman
3931 RCA Blvd. Suite 3101
Palm Beach Gardens, Florida 33410

ARTICLE VII

This Corporation shall have one (1) director initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of this Corporation are:

Joel Abrams
35 Thurston Drive
Palm Beach Gardens, Florida 33410

ARTICLE VIII

The name and address of the person signing these Articles is:

Joel Abrams
35 Thurston Drive
Palm Beach Gardens, Florida 33410

IN WITNESS WHEREOF, the undersigned have hereunto set their hands and seals this 27 day of August, 1999.

 (Seal)

STATE OF FLORIDA

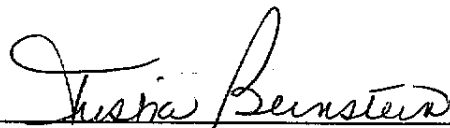
)
:ss
)

Before me, the undersigned authority, personally appeared:

Joel Abrams

to me well known to be the person described in and who executed the foregoing and acknowledge before me that they executed same freely and voluntarily for the purposes therein expressed.

WITNESS my hand and official seal this 27 day of August, 1999.



Notary Public

My Commission Expires:



CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned Corporation, organized under the laws of the state of Florida, submits in the state of Florida.

1. The name of the Corporation is:

Insurance Claims Administrators, Inc.

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

Karen E. Stedman
3931 RCA Blvd. Suite 3101
Palm Beach Gardens, FL. 33410

SIGNATURE

[Signature]
(Corporate Officer)

TITLE

president

DATE

8/27/99

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

Karen E. Stedman

DATE

8/27/99

FILED
SEP - 1 AM 10:27
SECRETARY OF STATE
PALM BEACH GARDENS, FLORIDA