

P99000096 T93

Darrell Goodwin
Requestor's Name
1331 E. Lafayette St. #A
Address
Tallah FL 32301 212-3562
City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Professional Claims Group, Inc.
(Corporation Name) (Document #)
(Corporation Name) (Document #)
(Corporation Name) (Document #)

RECEIVED
99 NOV -3 PM 12:54
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

- ☒ Walk in ☐ Pick up time ☒ Certified Copy
☐ Mail out ☒ Will wait ☐ Photocopy ☒ Certificate of Status

99 NOV -3 PM 1:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

| NEW FILINGS | |
|-------------------------------------|-------------------|
| <input checked="" type="checkbox"/> | Profit |
| <input type="checkbox"/> | NonProfit |
| <input type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication |
| <input type="checkbox"/> | Other |

| AMENDMENTS | |
|--------------------------|--|
| <input type="checkbox"/> | Amendment |
| <input type="checkbox"/> | Resignation of R.A., Officer/ Director |
| <input type="checkbox"/> | Change of Registered Agent |
| <input type="checkbox"/> | Dissolution/Withdrawal |
| <input type="checkbox"/> | Merger |

| OTHER FILINGS | |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report |
| <input type="checkbox"/> | Fictitious Name |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/ QUALIFICATION | |
|--------------------------------|---------------------|
| <input type="checkbox"/> | Foreign |
| <input type="checkbox"/> | Limited Partnership |
| <input type="checkbox"/> | Reinstatement |
| <input type="checkbox"/> | Trademark |
| <input type="checkbox"/> | Other |

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-11/03/99-01052-021
*****78.75 *****78.75

Examiner's Initials TS 11/2/99

ARTICLES OF INCORPORATION
OF
PROFESSIONAL CLAIMS GROUP, INC.

The undersigned subscriber to these Articles of Incorporation, a natural person competent to contract, hereby forms a corporation under the laws of the state of Florida.

ARTICLE I: NAME

The name of the corporation shall be:

PROFESSIONAL CLAIMS GROUP, INC.

APPROVED
AND
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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 100 shares of common stock having a par value of \$1 per share.

ARTICLE IV: ADDRESS

The street address of the initial registered office of the corporation shall be 1331 East Lafayette Street, Suite A, Tallahassee, Florida 32301 and the name of the initial registered agent of the corporation at that address is Darrell K. Goodwin.

ARTICLE V: TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE VI: SPECIAL PROVISION

It is the intent of the incorporator that the corporation will qualify under Section 1244 of the Internal Revenue Code and that the corporation will file as a Subchapter S Corporation.

ARTICLE VII: SUBSCRIBER

The name and street address of the subscriber to these articles of incorporation is Darrell K. Goodwin, 1331 East Lafayette Street, Suite A, Tallahassee, Florida 32301.

In witness whereof, the undersigned has hereunto set his hand and seal on this 3rd day of November, 1999.

ARTICLE VIII: DIRECTORS

This corporation shall have one (1) director, initially. The names and street addresses of the initial members of the Board of Directors are:

Darrell K. Goodwin

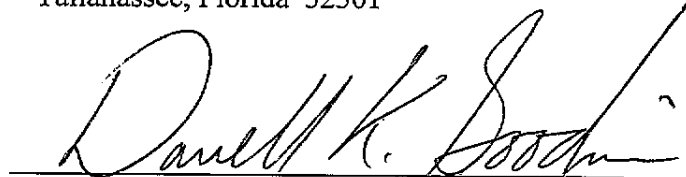
1331 East Lafayette Street, Suite A
Tallahassee, Florida 32301

ARTICLE IX: OFFICERS

The name and address 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:

Darrell K. Goodwin
President

1331 East Lafayette Street, Suite A
Tallahassee, Florida 32301

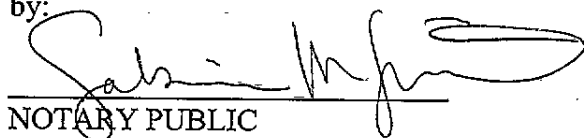


Darrell K. Goodwin
Subscriber

STATE OF FLORIDA,
COUNTY OF LEON.

The foregoing instrument was acknowledged before me this 3rd day of November, 1999

by:


NOTARY PUBLIC

MY COMMISSION EXPIRES: 5/4/2003

**CERTIFICATE OF DESIGNATION OF REGISTERED AGENT
FOR
PROFESSIONAL CLAIMS GROUP, INC.**

Pursuant to the provisions of Section 607.0501, Florida statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered agent in the state of Florida.

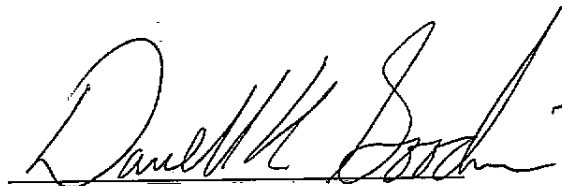
1. The name of the corporation is:

PROFESSIONAL CLAIMS GROUP, INC.

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

**Darrell K. Goodwin
1331 East Lafayette Street - Suite A
Tallahassee, Florida 32301**

Having been named as registered agent and to accept service of process on this 3rd day of November, 1999, 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.



Darrell K. Goodwin
Registered Agent

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED