

TRANSMITTAL LETTER

799 000 108832

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

700003070337--8
-12/15/99--01007--002
*****70.00 *****70.00

SUBJECT: Claims Partners, Incorporated
(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: Kelly Van Vliet
Name (Printed or typed)

1724 Pine Ridge Road
Address

Sanford, Florida 32773
City, State & Zip

407-330-3863
Daytime Telephone number

Kelly Van Vliet GAVE
AUTHORIZATION BY PHONE TO
CORRECT ART III add stock
DATE 12/16
DOC. EXAM SHH

Also the
SUFFIX is to be
Inc.

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

FILED
99 DEC 14 PM 4:11
SECRETARY OF STATE
TALLAHASSEE FLORIDA

S. Thompson DEC 16 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: *Claims Partners, Inc.*

ARTICLE II PRINCIPLE OFFICE

The principle place of business and mailing address of this corporation shall be: *1724 Pine Ridge Road; Sanford, FL 32773*

ARTICLE III SHARES

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

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:
Kelly Van Vliet
1724 Pine Ridge Road
Sanford, Florida 32773

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:
Kelly Van Vliet
1724 Pine Ridge Road
Sanford, Florida 32773

Kelly Van Vliet
Signature/Incorporator

12-8-99
Date

Having been named as a 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 a 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.

Kelly Van Vliet
Signature/Registered Agent

12-8-99
Date

FILED
99 DEC 14 PM 4:12
TALLAHASSEE
SECRETARY OF STATE
FLORIDA