P17000089377

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/07/17--01009--011 **70.00

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COVER LETTER

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

SUBJECT: Surplus Claim Co.
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are 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: Armando J. Cardella
Name (Printed or typed)

28 West Flagler Street, Suite 922
Address

Miami, FL 33130
City, State & Zip

786-344-3278
Daytime Telephone number

cardellaa@msn.com
E-mail address: (to be used for future annual report notification)

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: Surplus Claim Co.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address

28 West Flagler Street

Suite 922

Miami, FL 33130

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Armando J. Cardella

Address: 28 West Flagler Street, Suite 922, Miami, FL 33130

Name and Title: President

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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Name and Title: _____ Name and Title: _____

Address _____ Address: _____

_____ _____

_____ _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Name: Armando J. Cardella

Address: 28 West Flagler Street, Suite 922

Miami, FL 33130

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Armando J. Cardella

Address: 28 W. Flagler Street, Suite 922

Miami, FL 33130

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

_____ 11/3/17

Required Signature/Registered Agent Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

_____ 11/3/17

Required Signature/Incorporator Date

Armando J. Cardella
Surplus Claim Co.
28 West Flagler Street, Suite 922
Miami, FL 33130

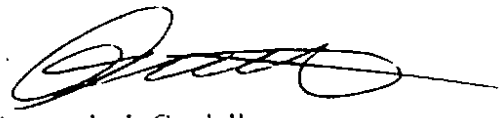
November 3, 2017

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

Dear Department of State:

Per my conversation with your representative, enclosed, please find application and check for $70.00 to open a new corporation named Surplus Claim Co. as I don't wish to reinstate the prior corporation with the same name, which had a Document number of P12000056296.

Sincerely,



Armando J. Cardella
Surplus Claim Co.
President