

PO1000008677

TRANSMITTAL LETTER

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

700003563437--0  
-01/22/01--01132--018  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: Kates Adjusting Services, 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

☐ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

Additional Copy Required

FROM: Phillip B. Kates  
Name (printed or typed)

449 Bridgeview Terrace  
Address

Jacksonville, Fl. 32259  
City, State & Zip

904 636-0072  
Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 JAN 22 AM 9:28

FILED

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

gpc/24

## ARTICLES OF INCORPORATION

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.*

### ARTICLE I NAME

The name of the corporation shall be:

Kates Adjusting Services, Inc

### ARTICLE II PRINCIPAL OFFICE

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

449 Bridgeview Terrace  
Jacksonville, Fl. 32259

### ARTICLE III SHARES

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

100 Shares

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Phillip B. Kates  
449 Bridgeview Terrace  
Jacksonville, Fl. 32259

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ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Phillip B. Kates 449 Bridgeview Terrace Jacksonville, Fl.

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

17<sup>th</sup> day of January 192001

Phillip B. Kates

Signature

Signature

Signature

**NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.**

**CERTIFICATE OF DESIGNATION OF  
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 THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: Kates Adjusting Services, Inc.

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

Phillip B. Kates

(NAME)

449 Bridgeview Terrace


(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Jacksonville, Fl. 32259

(CITY/STATE/ZIP)

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TALLAHASSEE, FLORIDA

*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)

1-17/2001

(DATE)