

P02000063877

TRANSMITTAL LETTER

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, Florida 32314

Subject: Nu-Line Claims Adjusting, Inc.
(proposed corporate name-must include suffix)

600005728026--9
-06/10/02--01033--001
*****87.50 *****87.50

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

☐ \$78.75

Filing Fee
& Certified Copy

☒ \$87.50

Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Sandra L. Adkins-Pertz.
Name (please print or type)

635 South Orange Avenue, Suite 4
Address

Sarasota, Florida 34236

(941) 953-3331
Daytime Telephone Number

FILED
2002 JUN 10 PM 2:37
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Note: Please provide the original and one copy of the articles

158 6/10/02

FILED

2002 JUN 10 PM 2:37

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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:

Nu-Line Claims Adjusting, Inc.

ARTICLE II : PRINCIPAL OFFICE

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

**635 South Orange Avenue, Suite 4
Sarasota, Florida 34236**

ARTICLE III : SHARES

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

1000 shares common stock @ \$1.00 per share

ARTICLE IV: INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**Sandra L. Adkins-Pertz
7356 Mara Vista Dr.
Sarasota, Florida 34238**

ARTICLE IV INCORPORATE(S)

See instructions for officers/directors

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

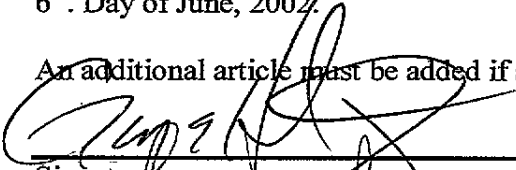
Sandra L. Adkins-Pertz
7356 Mara Vista Drive
Sarasota, Florida 34238

Gary E. Humberson, Jr.
1875 Goldenrod Street
Sarasota, Florida 34239

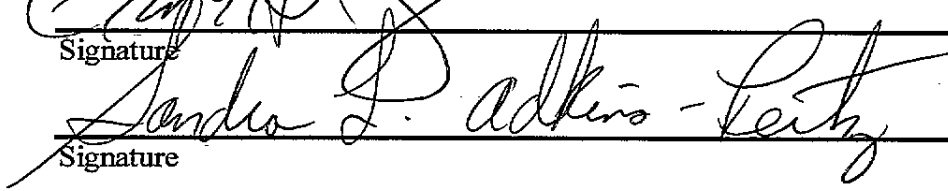
The undersigned incorporator (s) has (have) executed these Articles of Incorporation this:

6th. Day of June, 2002.

An additional article must be added if an effective date is requested.



Signature



Signature

Signature

Notarization is not required.

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:

Nu-Line Claims Adjusting, Inc.

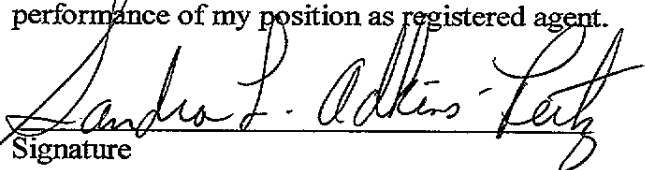
2. The name and address of the registered agent and office is:

Sandra L. Adkins-Pertz
Name

7356 Mara Vista Drive
(P.O. Box or Mail Drop Box NOT Acceptable)

Sarasota, Florida 34238
City/ State/ Zip

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 position as registered agent.


Signature

6-6-02
Date

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DIVISION OF CORPORATIONS
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