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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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

SUBJECT: CRAWFORD INVESTIGATIVE 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 of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM:

THOMAS L CRAWFORD
Name (Printed or typed)

190 GFA DRIVE
Address

LOUNGE FLORIDA 32351
City, State & Zip

850-524-9577
Daytime Telephone number

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)

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ARTICLE I NAME

The name of the corporation shall be:

CRAWFORD INVESTIGATIVE SERVICES INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

190 GFA DRIVE
QUINCY, FLORIDA 32351

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Accident Reconstruction
Investigation

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

THOMAS L CRAWFORD
190 GFA DR
QUINCY FL 32351

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

THOMAS L CRAWFORD
190 GFA DR
QUINCY FL 32351

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

Signature/Registered Agent

Date

Signature/Incorporator

Date