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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
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## TRANSMITTAL LETTER

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

Felter SUBJECT: SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 Filing Fee	S78.75 Filing Fee & Certificate of Status	<ul> <li>\$78.75</li> <li>Filing Fee &amp; Certified Copy</li> <li>ADDITIONAL CO</li> </ul>	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:	John Fe	Printed or typed)	·····	-
	12110 Beag	e rð.	<u> </u>	
	Hudson,	FL 346 State & Zip	(j)	
	777 <u>808</u> Daytime T	elephone 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)

## ARTICLE I NAME

The name of the corporation shall be:

Adjusting, Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 12110 Beagle 10 Hudson, FL. 34667

**ARTICLE III PURPOSE** The purpose for which the corporation is organized is:

Independent Insurance Adjusting

**ARTICLE IV** SHARES The number of shares of stock is:

1000

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)** The name(s), address(es) and title(s):

John Felten President 12110 Beagle rd. Hudson, FL 34667

**<u>ARTICLE VI</u>** <u>**REGISTERED AGENT**</u> The name and Florida street address of the registered agent is:

10 Beagly HUDJON, 4667 INCORPORATOR ARTICLE VII

The name and address of the Incorporator is:

''O60, Beaa HUJSON, 34667

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

gnature/Registered Agent

Signature Incorporator