

PO4 000125947

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

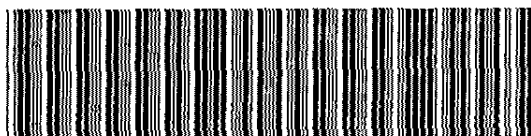
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000040352000

08/27/04--01052--013

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
04 AUG 31 PM 1:33

RECEIVED
04 AUG 27 AM 11:22
DIVISION OF CORPORATION

Charter Number Only

Kim 8/26

Requestor's Name

Address

City

State

ZIP

Phone

VALIDATION ONLY

CORPORATION(S) NAME

Associated Insurance Claims
and Adjusting Consultants, INC.

☒ Profit
☐ NonProfit

☐ Amendment

☐ Merger

☐ Foreign

☐ Dissolution

☐ Mark

☐ Limited Partnership

☐ Annual Report

☐ Other

☐ Reinstatement

☐ Reservation

☐ Change of Registered Agent

☒ Certified Copy

☐ Photo Copies

☐ Certificate Under Seal

☐ Call When Ready

☐ Call If Problem

☐ After 4:30

☒ Walk In

☐ Will Wait

☒ Pick Up

☐ Mail Out

Name

Availability

Document

Examiner

Updater

Verifier

Acknowledgment

W.P. Verifier



Empire Toll Free: 1-800-432-3028



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

August 27, 2004

EMPIRE

SUBJECT: ASSOCIATED INSURANCE CLAIMS AND ADJUSTING
CONSULTANTS, INC
Ref. Number: W04000032587

We have received your document for ASSOCIATED INSURANCE CLAIMS AND ADJUSTING CONSULTANTS, INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity must be identical throughout the document.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6965.

Dorine Martin
Document Specialist
New Filings Section

Letter Number: 404A00052404

RECEIVED
04 AUG 31 AM 10:23
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

of

Associated Insurance Claims and Adjusting Consultants, Inc.
(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation is:

Associated Insurance Claims and Adjusting Consultants, Inc.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue one hundred shares (100) of ONE
Dollar(s) (\$ 1.00) par value Common Stock, which shall be designated "Common Shares".

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:

NAME	<u>Oscar Reid Jr.</u>		
ADDRESS	<u>398 Delaware Ave</u>		
CITY	<u>Melrose Park</u>	FLORIDA	<u>33312</u> ZIP

The principal office, if known, or the mailing address of the corporation is:

NAME	<u>Associated Insurance Claims and Adjusting Consultants, Inc.</u>		
ADDRESS	<u>121 N.W. 27th Ave</u>		
CITY	<u>Ft. Lauderdale</u>	FLORIDA	<u>33312</u> ZIP

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
04 AUG 31 PM 1:33

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have one (1) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:


NAME	<u>Clear Reid</u>		
ADDRESS	<u>398 Delaware Ave</u>		
CITY	<u>Melrose Park</u>	STATE	<u>33312</u> ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	<u>Clear Reid Jr.</u>		
ADDRESS	<u>398 Delaware Ave</u>		
CITY	<u>Melrose Park</u>	STATE	<u>Florida</u> ZIP <u>33312</u>
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 26th day of August 2004

 (Seal)
 _____ (Seal)
 _____ (Seal)

CERTIFICATE AND KNOWLEDGEMENT
OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT
OF

Associated Insurance Claims And Adjusting Consultants, Inc.
(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, desiring to organize under the laws of the State of Florida with
its registered office as indicated in the Articles of Incorporation

at Oscar Reid Jr. @ 398 Delancey Ave
Melrose Park, FL 33312

has named Oscar Reid Jr.

located at the aforesaid address, as its Registered Agent to accept service of process within
this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above state
corporation at the place designated in this certificate, and being familiar with the obliga-
tions of that position, I hereby accept to act in this capacity, and agree to comply with the
provisions of Florida Law in keeping open said office.

[Signature]
(registered agent)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 AUG 31

PM 1:33