

P04000128870

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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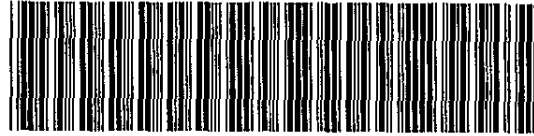
(Business Entity Name)

(Document Number)

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04 SEP 10 AM 10:47

SECRETARY OF STATE
MASSACHUSETTS

CB9-73

TRANSMITTAL LETTER

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

SUBJECT: SOUTHERN LOSS CONSULTANTS, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: JAMES C. SCIANDRA
Name (Printed or typed)

3248 70th ST. NORTH
Address

ST. PETERSBURG, FL. 33710
City, State & Zip

727-302-0332
Daytime Telephone number

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

APPROVED
AND
FILED

04 SEP 10 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

SOUTHERN LOSS CONSULTANTS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3248 70th ST. NORTH ST. PETERSBURG, FL. 33710

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PUBLIC INSURANCE ADJUSTING

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

JAMES C. SCIANDRA PRESIDENT / SECRETARY
WILLIAM MOORE VICE PRES.

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

JAMES C. SCIANDRA
3248 70th ST N.
ST PETERSBURG, FL 33710

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JAMES C. SCIANDRA
3248 70th ST. N.
ST PETERSBURG, FL. 33710

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