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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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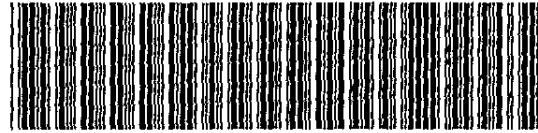
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. L. 11/5

TRANSMITTAL LETTER

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

SUBJECT: Roof Claims Specialists, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Ronney Benedict

Name (Printed or typed)

101 Loyjoy

Address

Fort Walton Beach, FL. 32547

City, State & Zip

850-932-0102

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)

ARTICLE I NAME

The name of the corporation shall be:

Roof Claims Specialists, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

101 Lovejoy
Fort Walton Beach, FL. 32547

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Roofing Contractor

ARTICLE IV SHARES

The number of shares of stock is:

1000 with no par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Ronney Benedict President
Tonya Simpson Vice-President

ARTICLE VI REGISTERED AGENT

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

Ronney Benedict
101 Lovejoy
Fort Walton Beach, FL. 32547

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Ronney Benedict
101 Lovejoy
Fort Walton Beach, FL. 32547

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

Ronney Benedict
Signature/Registered Agent

10-28-01
Date

Ronney Benedict
Signature/Incorporator

10-28-01
Date

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04 NOV -1 PM 3:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA