

P05000161006

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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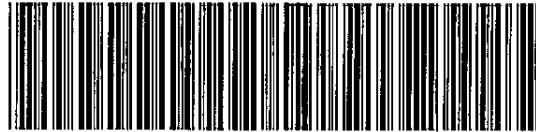
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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J. Shivers DEC 09 2005

COVER LETTER

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

SUBJECT: All Claims Adjusting, 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: Joseph Hyde

Name (Printed or typed)

4970 S.W. 52nd Street, Suite #313

Address

Davie, Florida 33314

City, State & Zip

954-581-7704

Daytime Telephone number

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BY J. M. ...

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:

ALL CLAIMS ADJUSTING, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

4970 S.W. 52nd Street, Suite 313

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful business.

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):

Christina Marie Hyde, President
4970 S.W. 52nd Street, #313
Davie, Florida 33314

Joseph Hyde, Vice President
4970 S.W. 52nd Street, #313
Davie, Florida 33314

ARTICLE VI REGISTERED AGENT

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

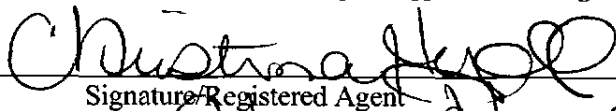
Christina Marie Hyde, President
4970 S.W. 52nd Street, #313
Davie, Florida 33314

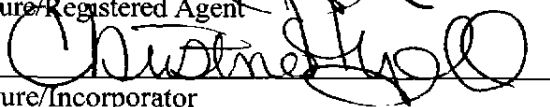
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Christina Marie Hyde, President
4970 S.W. 52nd Street, #313
Davie, Florida 33314

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


Signature/Incorporator

12-5-05
Date

12-5-05
Date

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CLERK OF DISTRICT COURT
DAVIE, FLORIDA