

P0600004911

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

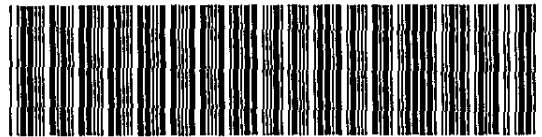
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400066938794

001000-01001-024 **78.75

06 MAR 21 AM 6:34
SECRETARY OF STATE
TALLAHASSEE FLORIDA

VH ~~1006-10804~~



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 6, 2006

TERRENCE P. COGGINS
161 KILDARE DR
SEBASTIAN, FL 32958

SUBJECT: TPC, INC.
Ref. Number: W06000010804

We have received your document for TPC, 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 designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 245-6962.

Valerie Herring
Document Specialist
New Filing Section

Letter Number: 906A00015453

COVER LETTER

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

SUBJECT: Kilarney Claims, 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: Terrence P. Coggins

Name (Printed or typed)

161 Kildare Dr.

Address

Sebastian, Florida 32958

City, State & Zip

772-643-1889

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:

Kilamey Claims, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

161 Kildare Dr., Sebastian, Florida 32958

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Claim Adjusting

ARTICLE IV SHARES

The number of shares of stock is:

10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Terrence P. Coggins, 161 Kildare Dr., Sebastian Florida 32958, Owner

ARTICLE VI REGISTERED AGENT

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

Terrence P. Coggins, 161 Kildare Dr., Sebastian, Florida 32958

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Terrence P. Coggins, 161 Kildare Dr., Sebastian, Florida 32958

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

Terrence P. Coggins
Signature/Registered Agent

3/20/06
Date

Terrence P. Coggins
Signature/Incorporator

3/20/06
Date

FILED
06 MAR 21 AM 8:34
SECRETARY OF STATE
TALLAHASSEE FLORIDA