

PO6880858974

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

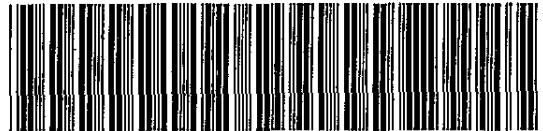
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4-10-06
van.

COVER LETTER

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

SUBJECT: Heritage Claims Adjusting Company
(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: David Bowen

Name (Printed or typed)

2327 E. Crystal Lake Ave.

Address

Orlando, FL 32806

City, State & Zip

407-758-4911

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:

Heritage Claims Adjusting Company

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2327 E. Crystal Lake Ave., Orlando, Fl. 32806

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to engage in the business of insurance claims adjusting and other services.

ARTICLE IV SHARES

The number of shares of stock is:

1500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

David Bowen, 2327 E. Crystal Lake Ave., Orlando, Fl. 32806, President

ARTICLE VI REGISTERED AGENT

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


David Bowen, 2327 E. Crystal Lake Ave., Orlando, Fl. 32806,

ARTICLE VII INCORPORATOR

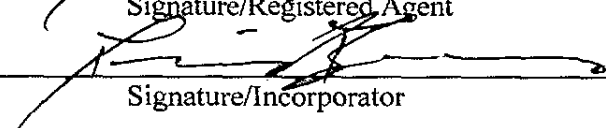
The name and address of the Incorporator is:

David Bowen, 2327 E. Crystal Lake Ave., Orlando, Fl. 32806,

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

FILED

2006 APR 10 P 4:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4/6/06

Date

4/6/06

Date