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(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
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(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
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COVER LETTER

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

\$70.00

Filing Fee

\$78.75

Filing Fee

& Certificate of Status

SUBJECT: A.R. ADJUSTING & APPRAISAL INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

\$78.75 Filing Fee

& Certified Copy

\$87.50

Filing Fee,

Certified Copy

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

	& Certificate of Control REQUIRED
FROM: ANDREA RHULE Name (Printed or typed)	
784 MUNICH STY	eet
Polin BAY FC City, State & Zip	<u>32</u> 907
(3a) 373-1591 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: A.R. ADJUSTING & APPRAISAL INC ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 784 MUNICH STREET Palm BAY FL 32907 ARTICLE III PURPOSE The purpose for which the corporation is organized is: PROFIT 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): ANDREA RHULE 784 MUNICH STREET Palm BAY FL 32907 ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: RHULE The name and address of the Incorporator is: JUNICH STREET 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

ignature/Registered Agent

Signature/Incorporator