

P060000699766

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

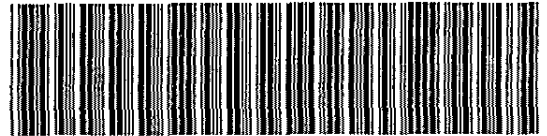
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06 JUL 28 PM 3:56
TALAMASSEE, FLORIDA

1/31/06

COVER LETTER

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

SUBJECT: Florida Perfect 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 *0/2.*
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 Lobaina

Name (Printed or typed)

7235 w 2 ct

Address

Hialeah, FL. 33014

City, State & Zip

786-5121420

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:

Florida Perfect Claims INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

7235 w 2 ct.

Hialeah, FL. 33014

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful business.

Estimating

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):

David Lobaina

7235 w 2 ct

Hialeah, FL. 33014

Title: President.

ARTICLE VI REGISTERED AGENT

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

David Lobaina

7235 w 2 ct

Hialeah, fl. 33014

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

David Lobaina

7235 w 2 ct

Hialeah, FL. 33014

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
06 JUL 28 PM 3:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7/24/06

Date

7/24/06

Date