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MRD 107

COVER LETTER

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

	(I KOI OSED COID OIG	I D TOTAL MEDITAL		
Enclosed are an orig	ginal and one (1) copy of the artic	cles of incorporation and	i a check for:	
\$70.00	\$78.75	\$78.75	\$87.50	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
J	& Certificate of Status	& Certified Copy	Certified Copy	
			& Certificate of	
		J	Status	
		ADDITIONAL CO	OPY REQUIRED	
	_			
FROM:	Andrea	RHULE		
Name (Printed or typed)				
DRU KINDICH GT				
704 MW11CH 51				
Address				
	Palm R	AVI EI	3 290 7	
	City,	State & Zip	<u>Jap 1</u> .	
(371) 373 1601				
(3041) 373-1571				
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 & APPRAISA	al INC.
The principal place of business/mailing address is: PACM BAY FL 33907 ARTICLE III PURPOSE The purpose for which the corporation is organized is: FOR PROF. T	OT JAN -2 PH 2: 53 SECRETARY OF STATE TALLAHASSEE, FLORI
ARTICLE IV SHARES The number of shares of stock is:	:53
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): Andrea Rhule 784 MWICH ST PAIM BAY FC 32907	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the regi	istored execution
ANDREA RHULE JOY MUNICH ST ARTICLE VII INCORPORATOR	sicied agent is.
The name and address of the Incorporator is: ANDREA RHULE 784 Munich ST PAIN BAY F1 32907	· ***********
Having been named as registered agent to accept service of process for the above stated co certificate, I am familiar with and accept the appointment as registered agent and agree to ac	rporation at the pluce designated in this ct in this capacity
Pall	1107
Stenature/Registered Agent	Date 1 0 1 0 7
Signature/Incorporator	' Daté