

PO9000024308

(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:

L08-34516

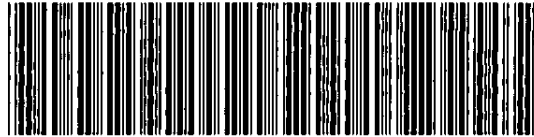
W09-6918

A. LUNT

MAR 17 2009

EXAMINER

Office Use Only



600142057556

02/11/09--01028--008 **113.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 MAR 16 PM 3:23

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 12, 2009

PETER CAMACHO
1369 E SAMPLE RD
POMPANO BEACH, FL 33064

SUBJECT: ALL CLAIMS PUBLIC ADJUSTERS INC
Ref. Number: W09000006918

We have received your document for ALL CLAIMS PUBLIC ADJUSTERS INC and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Certificate of Conversion must state the date on which, and the jurisdiction in which, the other business entity was first organized and, if changed, its jurisdiction immediately prior to the conversion.

You must submit Articles of Incorporation for a Florida profit corporation with the Certificate of Conversion. The Articles of Incorporation must be signed by an incorporator.

Sections 607.1113, 608.4403, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by a member or an authorized representative of a member. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

Please return 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) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 309A00005095

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2009 MAR 16 PM 3:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALL CLAIMS PUBLIC ADJUSTERS INC

(Name of Resulting Florida Profit Corporation)

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

PETER CAMACHO

(Contact Person)

CPASSOCIATED SERVICES INC

(Firm/Company)

1369 E SAMPLE RD

(Address)

POMPANO BEACH, FL 33064

(City, State and Zip Code)

For further information concerning this matter, please call:

PETER CAMACHO

(Name of Contact Person)

at (561) 237-5520

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$105.00 Filing Fees

☒ \$113.75 Filing Fees
and Certificate of
Status

☐ \$113.75 Filing Fees
and Certified Copy

☐ \$122.50 Filing Fees,
Certified Copy, and
Certificate of Status

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TAX-IRS-ACCOUNTING-LEGAL

March 3rd, 2009

FAX Coversheet

Attention: Agnes Lunt

From: Peter Camacho

Re: Corrections to conversion and Articles of Incorporation

Corrections forthcoming. Any questions please call me at 561-237-5520. Thank you for your attention Mrs. Lunt.

Peter Camacho

RECEIVED
09 MAR -3 AM 8:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALL CLAIMS PUBLIC ADJUSTERS INC
(Name of Resulting Florida Profit Corporation)

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Please return all correspondence concerning this matter to:

PETER CAMACHO
(Contact Person)

CPASSOCIATED SERVICES INC
(Firm/Company)

1369 E SAMPLE RD
(Address)

POMPANO BEACH, FL 33064
(City, State and Zip Code)

For further information concerning this matter, please call:

PETER CAMACHO at (561) 237-5520
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$105.00 Filing Fees | <input checked="" type="checkbox"/> \$113.75 Filing Fees
and Certificate of
Status | <input type="checkbox"/> \$113.75 Filing Fees
and Certified Copy | <input type="checkbox"/> \$122.50 Filing Fees,
Certified Copy, and
Certificate of Status |
|---|--|---|--|

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

36

2009 MAR 16 PM 3:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Certificate of Conversion
For
"Other Business Entity"
Into
Florida Profit Corporation

This Certificate of Conversion **and attached Articles of Incorporation** are submitted to convert the following **"Other Business Entity"** into a Florida Profit Corporation in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

ALL CLAIMS PUBLIC ADJUSTERS LLC

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a LIMITED LIABILITY COMPANY

(Enter entity type. Example: limited liability company, limited partnership, sole proprietorship, general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of FL ✓
(Enter state, or if a non-U.S. entity, the name of the country)

on APRIL 4TH 2008

(Enter date "Other Business Entity" was first organized, formed or incorporated)

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

NA

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation:**

ALL CLAIMS PUBLIC ADJUSTERS INC

(Enter Name of Florida Profit Corporation)

5. If not effective on the date of filing, enter the effective date: _____

(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; **AND** 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.)

416

Signed this 28TH day of JANUARY, 2009.

Required Signature for Florida Profit Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: [Signature] ✓

Printed Name: ART THOMPSON Title: PRESIDENT

Required Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]

Signature: [Signature]
Printed Name: Arthur R. Thompson III Title: President

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

If Florida Limited Liability Company:

Signature of a Member or Authorized Representative.

All others:

Signature of an authorized person.

Fees:

Certificate of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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5/6

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

ALL CLAIMS PUBLIC ADJUSTERS, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

6278 N FEDERAL HWY SUITE 283
FORT LAUDERDALE, FL 33308

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ALL SERVICES FOR 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):

(P) ART THOMPSON
6278 N FEDERAL HWY SUITE 283
FT LAUDERDALE, FL 33308

ARTICLE VI REGISTERED AGENT

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

CPASSOCIATED SERVICES INC
1369 E SAMPLE ROAD
POMPAHO BEACH, FL 33064

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

ART THOMPSON
6278 N FEDERAL HWY SUITE 283
FT LAUDERDALE, FL 33308

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

2/25/09 ✓

Date

2/25/09

Date