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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W09-38964

EP 9/11/09



RECEIVED  
DEPARTMENT OF STATE

09 SEP -8 PM 1:03

**FLORIDA DEPARTMENT OF STATE**  
Division of Corporations

August 28, 2009

JORGE A. GONZALEZ  
PO BOX 144367  
CORAL GABLES, FL 33114

SUBJECT: AAA FLORIDA PUBLIC ADJUSTERS, INC.  
Ref. Number: W09000038966

We have received your document for AAA FLORIDA PUBLIC ADJUSTERS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A corporation may not serve as its own registered agent. Please designate an individual or another active entity filed or registered with this office, having a Florida street address.

Please return the corrected original and one copy of 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) 245-6062.

Eula Peterson  
Regulatory Specialist II  
New Filing Section

Letter Number: 409A00029041

## COVER LETTER

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

**SUBJECT:** AAA FLORIDA PUBLIC ADJUSTERS, 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  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

**FROM:** JORGE A. GONZALEZ  
Name (Printed or typed)

P.O. BOX 144367  
Address

CORAL GABLES, FLORIDA 33114  
City, State & Zip

786-797-0227  
Daytime Telephone number

JAGREC@COMCAST.NET  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

FILED  
09 SEP - 8 PM 3:23  
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:

**AAA FLORIDA PUBLIC ADJUSTERS, INC.**

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

**PRINCIPAL**

2332 GALIANO STREET, 2ND FLOOR  
CORAL GABLES, FLORIDA 33134

**MAILING**

P.O. BOX 144367  
CORAL GABLES, FLORIDA 33114

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

TO PROVIDE FLORIDIANS PROPERTY AND CASUALTY INSURANCE PUBLIC ADJUSTING SERVICE.

**ARTICLE IV SHARES**

The number of shares of stock is:

1,000,000.00

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

JORGE A. GONZALEZ, 2332 GALIANO STREET, 2ND FLOOR, CORAL GABLES, FL 33134  
PRESIDENT, SECRETARY AND TREASURER

**ARTICLE VI REGISTERED AGENT**

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

JORGE A. GONZALEZ  
2332 GALIANO STREET, 2ND FLOOR  
CORAL GABLES, FLORIDA 33134

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

JORGE A. GONZALEZ  
P.O. BOX 144367  
CORAL GABLES, FLORIDA 33114

\*\*\*\*\*

*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

8/25/2009

\_\_\_\_\_  
Date

8/25/2009

\_\_\_\_\_  
Date