

P10000064561

(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 Office

Matthew Bread GAVE

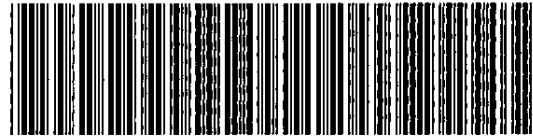
AUTHORIZATION BY PHONE TO

CORRECT Art. VII - add

DATE at incorporator address

DOC. EXAM Signature

Office Use Only



800184024638

08/05/10--01008--003 **70.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 AUG -5 PM 12:51

APPROVED
AND
FILED

Ps 8/9/10

COVER LETTER

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

SUBJECT: Rhead Claims Adjusting 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Matthew Rhead

Name (Printed or typed)

12502 Sparkleberry Rd

Address

Tampa, Florida 33626

City, State & Zip

(813) 340-6439

Daytime Telephone number

mattbay2000@yahoo.com

E-mail address: (to be used for future annual report notification)

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:

Rhead Claims Adjusting Inc.

ARTICLE II PRINCIPAL OFFICE

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

12502 Sparkleberry Rd

Tampa, FL 33626

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Title: P; Matthew Rhead;
12502 Sparkleberry Rd
Tampa, FL 33626
Title: VP; Matthew Rhead
12502 Sparkleberry Rd
Tampa, FL 33626

ARTICLE VI REGISTERED AGENT

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

Matthew Rhead

12502 Sparkleberry Rd

Tampa, FL 33626

ARTICLE VII INCORPORATOR

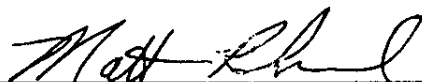
The name and address of the Incorporator is:

Matthew Rhead

12502 Sparkleberry Rd

Tampa, FL 33626

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/
Incorporator

8/2/10

Date

Signature/Incorporator

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 AUG -5 PM 12:51

APPROVED
AND
FILED