

P10000090508

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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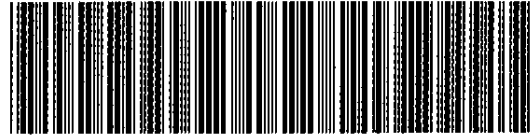
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10 NOV -4 PM 4:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PS
11/8/10

COVER LETTER

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

SUBJECT: On Target Claim Services 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Gerardo Guerra Jr.

Name (Printed or typed)

5685 Sw 89 St

Address

Ocala Fl 34476

City, State & Zip

352-354-5171

Daytime Telephone number

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: **On Target Claim Services Inc.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
5685 SW 89 St
Ocala FL 34476

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

A for profit corporation established to process insurance claims for insured after a physical loss or damage to property has occurred.

ARTICLE IV SHARES

The number of shares of stock is: 20 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Gerardo Guerra Jr. President
Address: 5685 SW 89 St
Ocala FL 34476

Name and Title: _____
Address: _____

Name and Title: Barbara Guerra Secretary
Address: 5685 SW 89 St
Ocala FL 34476

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Gerardo Guerra Jr.
Address: 5685 SW 89 St
Ocala FL 34476

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Gerardo Guerra Jr.
Address: 5685 Sw 89 St
Ocala FL 34476

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




Required Signature/Registered Agent

11/02/2010

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator

11/02/2010

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA