

P 110000002570

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

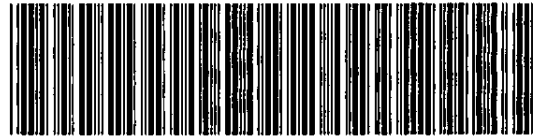
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2011 JAN -7 PM 1:21
CLERK OF COURT
TALLAHASSEE, FLORIDA

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

January 3, 2011

Dear Sirs,

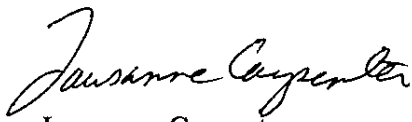
This morning I posted an application for the following corporation:

Kestrel Adjusting Inc.

Director: James W. Carpenter

Now I find the accompanying check did not make the envelope. I have enclosed the check plus additional copies of the application so that you may reunite the check with the application.

Sincerely,



Lausanne Carpenter
3832-10 Baymeadows Road #111
Jacksonville, FL 32217
804-815-6851

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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: KESTREL ADJUSTING INC

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
5001 PHILLIPS HIGHWAY #8
JACKSONVILLE, FL
32207

Mailing address, if different is:
3832-10 BAYMEADOWS RD #111
JACKSONVILLE, FL
32217

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

INSURANCE ADJUSTING
RISK ANALYSIS & MANAGEMENT

ARTICLE IV SHARES

The number of shares of stock is: ~~1000~~ 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>DIRECTOR JAMES W. CARPENTER</u>	Name and Title: _____
Address: <u>3832-10 BAYMEADOWS RD #111</u>	Address: _____
<u>JACKSONVILLE, FL</u>	_____
<u>32217</u>	_____

Name and Title: SECRETARY/TREASURER <u>LAUSANNE D. CARPENTER</u>	Name and Title: _____
Address: <u>3832-10 BAYMEADOWS RD #111</u>	Address: _____
<u>JACKSONVILLE, FL</u>	_____
<u>32217</u>	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT

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

Name: JAMES W. CARPENTER
Address: ~~5001~~ 5001 PHILLIPS HWY #8
JACKSONVILLE, FL 32207

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LAUSANNE D. CARPENTER
Address: 3832-10 BAYMEADOWS ROAD #111
JACKSONVILLE, FL 32217

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

James W. Carpenter
Required Signature/Registered Agent

1/2/11
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.

Lausanne D. Carpenter
Required Signature/Incorporator

1/2/2011
Date

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TALLAHASSEE, FLORIDA