

P110000067745

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

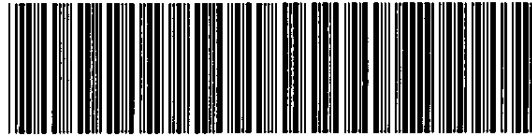
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2011 JUL 27 AM 10:25  
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SUFFICIENCY OF FILING

FILED  
2011 JUL 27 PM 4:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Burch JUL 28 2011

# LAZARUS

## CORPORATE FILING SERVICE

3320 SW 87<sup>TH</sup> AVENUE

MIAMI, FL 33165 (305) 552-5973

Office Use Only

### CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. POWER CLAIMS ADJUSTERS INC  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time

2.00

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

### NEW FILINGS

- ☒ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

### AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

### OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

### REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

Examiner's Initials

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Pr. 7)

**ARTICLE I NAME**

POWER CLAIMS ADJUSTERS INC

The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

14349 SW 103 ST

MIAMI

FLORIDA 33186

Mailing address, if different is:

P.O. BOX 165305

MIAMI

FLORIDA 33116

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

INSURANCE ADJUSTERS

**ARTICLE IV SHARES**

The number of shares of stock is: 100 SHARES @ 1.00 PER VALUE

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

Name and Title: PRESIDENT LAZARO RODRIGUEZ

Address: 14349 SW 103 ST

MIAMI

FLORIDA 33186

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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: LAZARO RODRIGUEZ

Address: 14349 SW 103 ST

MIAMI FL 33186

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: LAZARO RODRIGUEZ

Address: 14349 SW 103 ST

MIAMI FL 33186

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

07/18/2011

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

07/18/2011

Date

FILED

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TALLAHASSEE, FLORIDA