

P12000005749

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W2-1572

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12 JAN 17 PM 3:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 JAN 18 2012

COVER LETTER

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

SUBJECT: Atlas Claims Adjustments, 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: Dominic T. Ingram III

Name (Printed or typed)

P.O. Box 291511

Address

Davie, FL 33329

City, State & Zip

954-665-1750

Daytime Telephone number

atlasclaimsadjustmentsinc@gmail.com

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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 10, 2012

DOMINIC T. INGRAM III
PO BOX 291511
DAVIE, FL 33329

SUBJECT: ATLAS CLAIMS ADJUSTMENTS, INC.
Ref. Number: W12000001572

We have received your document for ATLAS CLAIMS ADJUSTMENTS, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please type in the name corporation in article I.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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) 245-6928.

Tim Burch
Regulatory Specialist II
New Filing Section

Letter Number: 712A00000607

ARTICLES OF INCORPORATION

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

ARTICLE I NAME Atlas Claims Adjustments, Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
6151 SW 41st Court, Apt B
Davie, FL 33314

Mailing address, if different
P.O. Box 291511
Davie, FL 33329

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is: The corporation is authorized to issue 1000 shares of (One) Dollar(s) (\$1.00) per value Common Stock, which shall be designated "Common Shares."

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Dominic T. Ingram III</u>	Name and Title: _____
Address: <u>P.O. Box 291511</u>	Address: _____
<u>Davie, FL 33329</u>	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
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: Dominic T. Ingram III
Address: 6151 SW 41st Court, Apt B
Davie, FL 33314

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Dominic T. Ingram III
Address: P.O. Box 291511
Davie, FL 33329

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]
Required Signature/Registered Agent

01/11/12
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.

[Signature]
Required Signature/Incorporator

01/11/12
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA