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DIVISION OF REVENUE
TREASURY DEPARTMENT
STATE OF NEW YORK

3/20
8

COVER LETTER

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

EIN # 45-4794964

SUBJECT: **RESPONSIVE CLAIM ADJSUTERS, 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: **JOSE ANTONIO SOLER**

Name (Printed or typed)

12827 SW 133RD ST

Address

MIAMI, FL 33186

City, State & Zip

(786) 412-4518

Daytime Telephone number

RCA.FLORIDA@GMAIL.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: **RESPONSIVE CLAIM ADJUSTERS, INC.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
12827 SW 133RD ST
MIAMI, FL 33186

Mailing address, if different is:
12827 SW 133RD ST
MIAMI, FL 33186

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

Name and Title: **JOSE ANTONIO SOLER**
Address: **12827 SW 133RD ST**
MIAMI, FL 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:

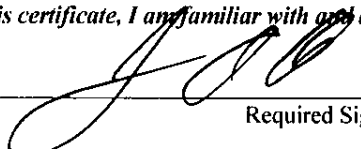
Name: **JOSE ANTONIO SOLER**
Address: **12827 SW 133RD ST**
MIAMI, FL 33186

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **JOSE ANTONIO SOLER**
Address: **12827 SW 133RD 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

3/16/2012

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

3/16/2012

Date

12 MAR 19 PM 2:07
RECEIVED
STATE OF FLORIDA
DEPARTMENT OF STATE