

PI2 0000047433

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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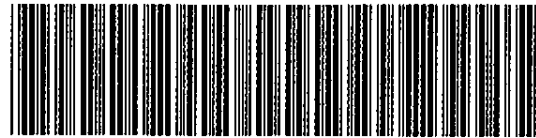
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/4

COVER LETTER

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

SUBJECT: SKYLINE APPRAISALS & CLAIMS SERVICE, 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: ERIC LEOPOLD
Name (Printed or typed)
4630 S. KIRKMAN RD STE. 154
Address
ORLANDO, FL 32811
City, State & Zip
407-790-0098
Daytime Telephone number
appraisal1999@aol.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: SKYLINE APPRAISALS + CLAIMS SERVICE, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
4630 S. KIRKMAN RD
SUITE 154
ORLANDO, FL 32811

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO CONDUCT APPRAISALS FOR INSURANCE COMPANIES

ARTICLE IV SHARES

The number of shares of stock is: 50

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ERIC LEOPOLD. PRESIDENT
Address: 4630 S. KIRKMAN RD
SUITE 154
ORLANDO, FL 32811

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: ERIC LEOPOLD
Address: 4630 S. KIRKMAN RD STE 154
ORLANDO, FL 32811

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ERIC LEOPOLD
Address: 4630 S. KIRKMAN RD STE 154
ORLANDO, FL 32811

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

Date

5-16-12

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

Date

5-16-12

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