

P14000017751

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

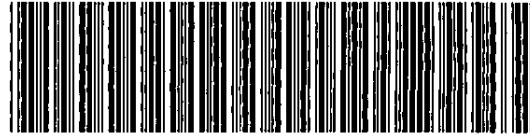
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

192.611

W14000008652



200256336842

02/05/14--01008--003 **137.50

FILED
STATE
14 FEB 24 PM 4:30
REGISTRATION

2/26/14

COVER LETTER

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

SUBJECT: Revised paper work attached

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

FEES:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

OPTIONAL:

Certificate of Status \$ 8.75

Donald L. Stanley
Name (printed or typed)

940 Raymond Ave.
Address

Altamonte Springs FL 32701
City, State & Zip

919 280 4288
Daytime Telephone Number

eccsds@yahoo.com
E-mail address: (to be used for future annual report notification)

14 FEB 24 PM 4:30

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 FEB 24 PM 4:30

February 10, 2014

EAST COAST CLAIMS SERVICE INC.
940 RAYMOND AVENUE
ALTAMONTE SPRINGS, FL 32701

SUBJECT: EAST COAST CLAIMS SERVICE, INC
Ref. Number: W14000008652

We have received your document for EAST COAST CLAIMS SERVICE, INC and your check(s) totaling \$137.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

Please correct number 5 on the Certificate of Domestication page.

Please list the street address of each officer/director.

The registered agent must sign accepting the designation.

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) 245-6052.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 614A00002994

RECEIVED
14 FEB 24 PM 4:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF DOMESTICATION

The undersigned, Donald L. Stanley, President,
(Name) (Title)

of East Coast Claims Service, Inc. a foreign corporation,
(Corporation Name)

in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was September 15, 1998.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was North Carolina.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was East Coast Claims Service, Inc.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is East Coast Claims Service Inc.
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was same.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am Donald Stanley, of Seminole County, FL

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 18 day of February 2014.

Donald L. Stanley
(Authorized Signature)

Filing Fee:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

FILED
CLERK OF STATE
CORPORATIONS
14 FEB 24 PM 4:30

ARTICLES OF INCORPORATION
IN COMPLIANCE WITH CHAPTER 607, F.S.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

14 FEB 24 PM 4:30

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

East Coast Claims Service, Inc.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address

Mailing Address

940 Raymond Ave.

P.O. Box 607843

Altamonte Springs, FL

Orlando, FL 32860

32701

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

Service business - Insurance Claims

Services - Adjusting

No Asset or material sales of any kind -
Services only

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: 1000 - Solely owned by Donald L. Stanley

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Title/Name

President - Donald L. Stanley

Title/Name

Title/Name

Treasurer - Donald L. Stanley

Title/Name

Title/Name

Secretary - Donald L. Stanley

Title/Name

Title/Name

Title/Name

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

THE **NAME AND FLORIDA STREET ADDRESS** (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

Donald L. Stanley
940 Raymond Ave
Altamonte Springs FL 32701

ARTICLE VII INCORPORATOR

THE **NAME AND ADDRESS** OF THE INCORPORATOR IS:

Donald L. Stanley
940 Raymond Ave.
Altamonte Springs FL 32701

HAVING BEEN NAMED AS REGISTERED AGENT AND 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.

Donald L. Stanley
Signature/Registered Agent

2-18-18
Date

Donald L. Stanley
Signature/Incorporator

2-18-18
Date

SEAL OF THE
OFFICE OF THE
CLERK OF THE
STATE
14 FEB 21 PM 4:30
INVESTIGATIONS