

PA000019869

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

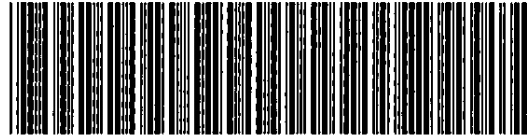
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



200254568472

12/31/13--01009--020 \*\*122.50

02/25/14--01011--023 \*\*6.25

FILED  
14 FEB 25 AM 6:54  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

W14-507

**COVER LETTER**

**TO:** Charter Section  
Division of Corporations

**SUBJECT:** Churchill Claims Services, Inc.

Name of Resulting Florida Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

**Mike Campbell**

Contact Person

**Churchill Claims Claims Services**

Firm/Company

**812 Pinellas St**

Address

**Clearwater, FL 33756**

City, State and Zip Code

**mcampbell@churchill-claims.com**

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

For further information concerning this matter, please call:

**Mike Campbell**

Name of Contact Person

at ( **727** ) **518-6700**

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$105.00 Filing Fees

☐ \$113.75 Filing Fees  
and Certificate of  
Status

☐ \$113.75 Filing Fees  
and Certified Copy

☒ \$122.50 Filing Fees,  
Certified Copy, and  
Certificate of Status

**STREET ADDRESS:**

Charter Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Charter Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

## CERTIFICATE OF DOMESTICATION

The undersigned, MELANIE HAWKINS, PRESIDENT,  
(Name) (Title)

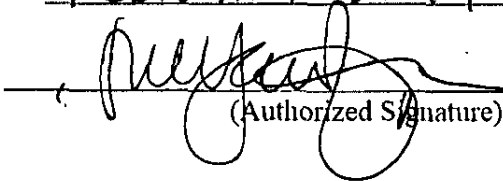
of CHURCHILL CLAIMS SERVICES, INC a foreign corporation,  
(Corporation Name)

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

1. The date on which corporation was first formed was 21 JUNE 2006.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was CALIFORNIA.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was CHURCHILL CLAIMS SERVICES, 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 CHURCHILL CLAIMS SERVICES, 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 FLORIDA.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am PRESIDENT, of CHURCHILL CLAIMS SERVICES, INC

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 13<sup>th</sup> day of FEBRUARY 2014.

  
(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  
14 FEB 25 AM 6:54  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**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: Churchill Claims Services, Inc.

**ARTICLE II      PRINCIPAL OFFICE**

The principal place of business/mailling address is:

Principal street address

Mailing address, if different is:

812 Pinellas St

Clearwater, FL 33756

**ARTICLE III      PURPOSE**

The purpose for which the corporation is organized is:

for the purpose of transacting any and all lawful business.

**ARTICLE IV      SHARES**

The number of shares of stock is: \_\_\_\_\_

The corporation is authorized to issue One Thousand (1 000) shares of One Cent (\$0.01) par value stock, which shall be designated Common Shares.

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

Name and Title: Melanie Hawkins

Name and Title: President

Address: 812 Pinellas St.

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

Clearwater, FL 33756

Name and Title: Elizabeth Currier

Name and Title: Vice President

Address: 812 Pinellas St.

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

Clearwater, FL 33756

Name and Title: Michael Campbell

Name and Title: Vice President

Address: 812 Pinellas St.

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

Clearwater, FL 33756

**ARTICLE VI      REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Michael Campbell

Address: 812 Pinellas St.

Clearwater, FL 33756

FILED  
14 FEB 25 AM 6:54  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Mike Campbell  
Address: 812 Pinellas St  
Clearwater, FL 33756

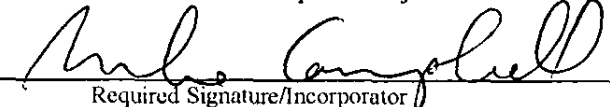
\*\*\*\*\*

*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

13 Feb 2014  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that any 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

13 Feb 2014  
Date

FILED  
14 FEB 25 AM 6:54  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA