

P14000027365

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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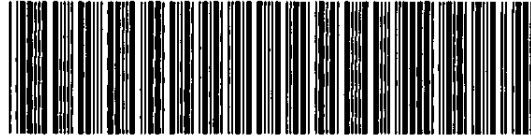
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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03/26/14--01006--016 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 MAR 26 AM 9:55

RCVS 3/27/14

1

SUBJECT: South Florida Solutions Public Adjusters, Inc
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

<input type="checkbox"/> \$70.00	<input checked="" type="checkbox"/> \$78.75
Filing Fee	Filing Fee & Certificate of Status

<input type="checkbox"/> \$78.75	<input type="checkbox"/> \$87.50
Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

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: South Florida Solutions Public Adjusters, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

5306 SW 134 Place

Miami, Florida 33175

Mailing address, if different is:

5306 SW 134 Place

Miami, Florida 33175

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: a corporation engage in or transact any and all lawful activities, state, county territory and nation.

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 MAR 26 AM 9:55

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Marianela Muniz, President

Address: 5306 SW 134 Place

Miami Florida 33175

Name and Title: _____

Address: _____

Name and Title: Frank Muniz, Vice President

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

(conti.)

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: Marianela Muniz, President

Address: 5306 SW 134 Place

Miami Florida 33175

ARTICLE VII INCORPORATOR

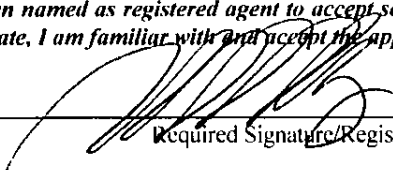
The **name and address** of the Incorporator is:

Name: Marianela Muniz, President

Address: 5306 SW 134 Place

Miami Florida 33175

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

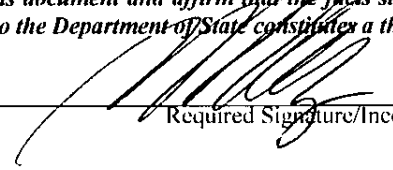


Required Signature/Registered Agent

03/24/2014

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

03/24/2014

Date