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CLERK OF STATE
ALABAMA

6/17/15

COVER LETTER

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

SUBJECT: CMK Adjusting & Auditing, 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: Matthew R. Kelly
Name (Printed or typed)
1155 Brickell Bay Dr. Unit 711
Address
Miami, FL 3131
City, State & Zip
+1 - 904 - 608 - 7303
Daytime Telephone number
mrkelly33@hotmail.com
E-mail address: (to be used for future annual report notification)

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15 JUN 12 PM 3:05
CORPORATION
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

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RECI

15 JUN 12

SECRETARY
TALLAHASSEE

June 3, 2015

MATTHEW R. KELLY
1155 BRICKELL BAY DRIVE #711
MIAMI, FL 33131

SUBJECT: CMK ADJUSTING & AUDITING, INC.
Ref. Number: W15000038886

We have received your document for CMK ADJUSTING & AUDITING, INC. and your check(s) totaling \$87.50. 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.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

You must list at least one incorporator with a complete business street address.

The effective date is not acceptable since it is not within five working days of the date of receipt.

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: 915A00011680

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

15 JUN 12 PM 3:05

ARTICLE I NAME

The name of the corporation shall be: CMK Adjusting & Auditing, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is: SECRETARY OF STATE
HALL
TALLAHASSEE, FLORIDA

1155 Brickell Bay Dr. Unit 711

Miami, FL 33131

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Claims adjusting and general insurance and reinsurance related services.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Matthew R. Kelly

Name and Title:

Address Founder & President

Address:

1155 Brickell Bay Dr Unit 711

Miami, FL 33131

Name and Title: Name and Title:

Address Address:

Name and Title: Name and Title:

Address Address:

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: Matthew R. Kelly
Address: 1155 Brickell Bay Dr Unit 711
Miami, FL 33131

ARTICLE VII INCORPORATOR

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

Name: Matthew R Kelly
Address: 1155 Brickell Bay Dr. Unit 711
Miami, FL 33131

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15 JUN 12 PM 3:05
DEPT. OF STATE
CORPORATION DIVISION


ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

June 8, 2015
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

June 8, 2015
Date