

P160000003397

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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TALLAHASSEE, FLORIDA

MD 1/14

## COVER LETTER

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

SUBJECT: CenterPoint Claims Service Inc

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

CenterPoint Claims Service Inc

Name (printed or typed)

2903 W New Haven #452

Address

Melbourne, FL 32904

City, State & Zip

830-446-1144

Daytime Telephone Number

deborah@centerpointclaims.com

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

## CERTIFICATE OF DOMESTICATION

The undersigned, Deborah Wolfenbarger, President  
(Name) (Title)

of CenterPoint 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 7/24
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was Texas
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was CenterPoint 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 CenterPoint 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 Texas
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am President, of CenterPoint Claims Service Inc

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 1st day of January, 2016

  
(Authorized Signature)

### Filing Fee:

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

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ATLANTA, GEORGIA  
ATLANTA, GEORGIA

## Insurance Adjusting Service

**ARTICLE IV    SHARES**

THE NUMBER OF SHARES OF STOCK IS: 1,000,000

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

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

Title/Name

Deborah Wolfenbarger

Title/Name

President

Title/Name

Title/Name

Title/Name

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:**

2903 W New Haven #452

Melbourne, FL 32904

Deborah Wolfenbarger

**ARTICLE VII INCORPORATOR**

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

Deborah Wolfenbarger

2903 W New Haven #452

Melbourne, FL 32904

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

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**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.**

Deborah Wolfenbarger  
Signature/Registered Agent

12/31/15

Date

Deborah Wolfenbarger  
Signature/Incorporator

12/31/15

Date