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(Requestor's Name)

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(City/State/Zip/Phone #)

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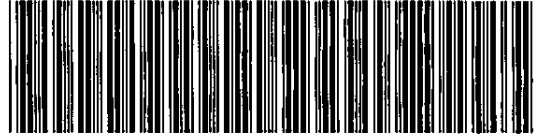
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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## COVER LETTER

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

SUBJECT: ADVANCE VALUATION & ADJUSTING, 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: JAMES WILKINS  
Name (Printed or typed)

1329 N.W. 71 TERRACE  
Address

MIAMI, FLORIDA, 33147  
City, State & Zip

954-394-2565  
Daytime Telephone number

JWADJUSTER@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

**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: ADVANCE VALUATION + ADJUSTING, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1329 N.W. 71 TERRACE  
MIAMI, FL 33147

P.O. BOX 220092  
HOOLLYWOOD, FL. 33022

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS IN THE CONFIDENTIAL  
UNITED STATES AND INTERNATIONALLY. PRIMARY FUNCTION  
IS INSURANCE VALUATION, ADJUSTING AND RISK  
MANAGEMENT.

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000.000

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

Name and Title: JAMES H. WILKINS  
Address: P.O. BOX 220092  
HOOLLYWOOD, FL. 33022

Name and Title: PRESIDENT  
Address: P.O. BOX 220092  
HOOLLYWOOD, FLA 33022

Name and Title: JAMES H. WILKINS  
Address: P.O. BOX 220092  
HOOLLYWOOD, FLA. 33022

Name and Title: V. PRESIDENT, TREASURER, SECRETARY  
Address: P.O. BOX 220092  
HOOLLYWOOD, FLA 33022

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
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: JAMES WILKINS  
Address: 1329 N.W. 71 TERRACE  
MIAMI, FL 33147

**ARTICLE VII INCORPORATOR**

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

Name: JAMES WILKINS  
Address: P.O. BOX 220092  
HOOLLYWOOD, FLA 33022

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**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: August 1, 2016 (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*

James Wilkins 07/26/2016  
Required Signature/Registered Agent 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.*

James Wilkins 07/26/2016  
Required Signature/Incorporator Date