

P16 0000068029

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

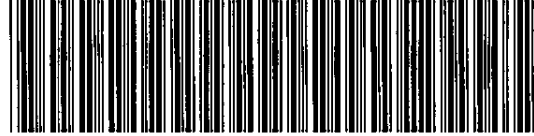
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Special Instructions to Filing Officer:

W16-53702

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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: FRONTIER ADJUSTERS OF PENSACOLA, LLC

(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: EDWARD M. BURLESON JR

Name (Printed or typed)

9200 BELL RIDGE DR

Address

PENSACOLA, FLORIDA 32526

City, State & Zip

850-944-7479

Daytime Telephone number

PENSACOLA@FRONTIERADJUSTERS.COM

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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 3, 2016

EDWARD M. BURLESON JR
9200 BELL RIDGE RD
PENSACOLA, FL 32526

SUBJECT: FRONTIER ADJUSTERS OF PENSACOLA, LLC
Ref. Number: W16000053702

We have received your document for FRONTIER ADJUSTERS OF PENSACOLA, LLC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please remove "LLC" from entity name.

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.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 916A00016358

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: FRONTIER ADJUSTERS OF PENSACOLA, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

9200 BELL RIDGE DR

PENSACOLA, FLORIDA 32526

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TALLAHASSEE, FLORIDA
Mailing address, if different from principal office address

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Independent property and casualty insurance adjusting and appraisal services.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: EDWARD M. BURLESON JR

Name and Title: _____

Address 9200 BELL RIDGE DR

Address: _____

PENSACOLA, FL 32526

OWNER/OPERATOR

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

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TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: EDWARD M. BURLESON JR
Address: 9200 BELL RIDGE DR
PENSACOLA, FL 32526

ARTICLE VII INCORPORATOR

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

Name: EDWARD M. BURLESON JR
Address: 9200 BELL RIDGE DR
PENSACOLA, FL 32526

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 07/20/2016 (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

Edward M. Burleson _____ 07/20/2016
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.

Edward M. Burleson _____ 07/20/2016
Required Signature/Incorporator Date