

P17000031008

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

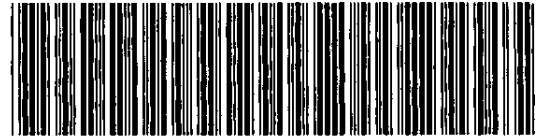
Certified Copies _____ Certificates of Status _____

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Office Use Only

APR 06 2017

T. SCOTT



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04/03/17--01022--011 **78.75

APPROVED
AND
FILED
17 APR -3 AM 8:42
CLERK OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Comprehensive Claims Adjuster Services, 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: James Richardson

Name (Printed or typed)

13736 Friendship Lane

Address

Odessa, Fl 33556

City, State & Zip

813-340-7398

Daytime Telephone number

jrichardson_2015@tampabay.rr.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: Comprehensive Claims Adjuster Services, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

13736 Friendship Lane

Odessa, Fl 33556

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Engage in any activity allowed by the State of Florida

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: James Richardson, President

Name and Title:

Address 13736 Friendship Lane

Address:

Odessa, Fl 33556

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

CLERK OF STATE
TALLAHASSEE, FLORIDA

17 APR -3 AM 8:42

APPROVED
AND
FILED

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 Richardson
Address: 13736 Friendship Lane
Odessa, Fl 33556

ARTICLE VII INCORPORATOR

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

Name: James Richardson
Address: 13736 Friendship Lane
Odessa, Fl 33556

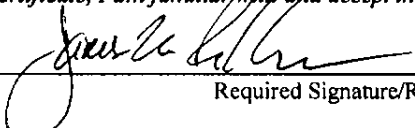
ARTICLE VIII EFFECTIVE DATE:

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 days prior or 90 days after the filing.)

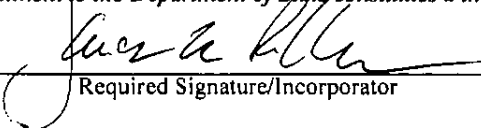
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

3/22/17
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

3/22/17
Date