

PIN 0000 89377

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

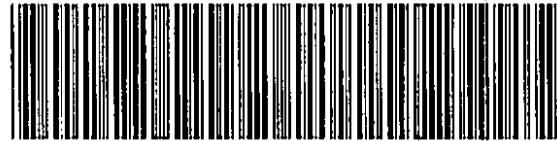
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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11/07/17--01009--011 \*\*70.00

17 NOV - 7 AM 9:16

RECEIVED  
FEB 10 2018  
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## COVER LETTER

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

**SUBJECT:** Surplus Claim Co.

(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:** Armando J. Cardella  
\_\_\_\_\_  
Name (Printed or typed)

28 West Flagler Street, Suite 922  
\_\_\_\_\_  
Address

Miami, FL 33130  
\_\_\_\_\_  
City, State & Zip

786-344-3278  
\_\_\_\_\_  
Daytime Telephone number

cardellaa@msn.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: Surplus Claim Co.

### ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

28 West Flagler Street

Suite 922

Miami, FL 33130

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business.

### ARTICLE IV SHARES

The number of shares of stock is: 100

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Armando J. Cardella

Name and Title: President

Address 28 West Flagler Street

Address:

Suite 922

Miami, FL 33130

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

17 NOV - 7 AM 9:16

RECORDED  
AND  
INDEXED  
FILED

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

Address \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Armando J. Cardella

Address: 28 West Flagler Street, Suite 922

Miami, FL 33130

**ARTICLE VII INCORPORATOR**

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

Name: Armando J. Cardella

Address: 28 W. Flagler Street, Suite 922

Miami, FL 33130

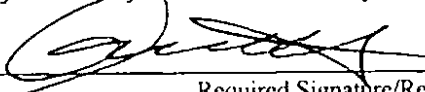
**ARTICLE VIII EFFECTIVE DATE:**

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.)

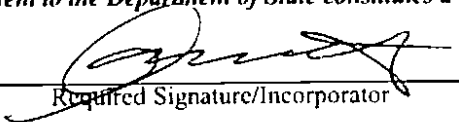
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

11/3/17  
\_\_\_\_\_  
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

11/3/17  
\_\_\_\_\_  
Date

Armando J. Cardella  
Surplus Claim Co.  
28 West Flagler Street, Suite 922  
Miami, FL 33130

November 3, 2017

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

Dear Department of State:

Per my conversation with your representative, enclosed, please find application and check for \$70.00 to open a new corporation named Surplus Claim Co. as I don't wish to reinstate the prior corporation with the same name, which had a Document number of P12000056296.

Sincerely,

A handwritten signature in black ink, appearing to read 'Armando J. Cardella', with a long horizontal flourish extending to the right.

Armando J. Cardella  
Surplus Claim Co.  
President