

8/2/2019

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LEGALINC CORPORATE SERVICES INC.
Account Number : I20180000011
Phone : (844)386-0178
Fax Number : (214)317-4754

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION

KAS Claims Inc

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

19 AUG -5 AM 9:08

19 AUG -5 PM 12:54

19 AUG -5 PM 12:54

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Corporate Filing Menu

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To: 18506176381 From: 12143052508 Date: 08/02/19 Time: 4:07 PM Page: 2/03
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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: KAS Claims Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

103 Palm Bay Boulevard

103 Palm Bay Boulevard

Panama City Beach, FL 32408

Panama City Beach, FL 32408

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any Lawful Purpose

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Alan Adams, Director

Name and Title: Marlin Adams, Director

Address: 103 Palm Bay Boulevard

Address: 103 Palm Bay Boulevard

Panama City Beach, FL 32408

Panama City Beach, FL 32408

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

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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: Legaline Corporate Services Inc.

Address: 5237 Summerlin Commons Blvd., Suite 400

Fort Myers, FL 33907

ARTICLE VII INCORPORATOR

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

Name: Nancy Luna

Address: 10601 Clarence Dr., Suite 250

Prisco, TX 75033

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

Nancy Luna

Required Signature/Registered Agent

8/2/2019

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.

Nancy Luna

Required Signature/Incorporator

8/2/2019

Date

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