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| PICK-UP | ☐ WAIT | MAIL |
| (Bu: | siness Entity Nar | ne) |
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| (Do | cument Number) | , |
| Certified Copies | _ Certificate: | s of Status |
| Special Instructions to | Filing Officer: | - |
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W9-94209



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 23, 2019

JAMES J. HEADRICK SOUTHEASTERN CLAIMS ADJUSTING 10131 PADDOCK OAKS DR. RIVERVIEW, FL 33569

SUBJECT: SOUTHEASTERN CLAIMS ADJUSTING

Ref. Number: W19000094209

We have received your document for SOUTHEASTERN CLAIMS ADJUSTING and your check(s) totaling \$105.00. 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.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return 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.

DANIEL L O'KEEFE Regulatory Specialist II

Letter Number: 019A00021897

www.sunbiz.org

SO DOM GOOD MILL BL. 11, 2001

COVER LETTER

| TO: Charter Section Division of Corporations | |
|--|--|
| SUBJECT: Southeastern Claims Adjusting C | Corp. |
| Nan | ne of Resulting Florida Profit Corporation |
| The enclosed Certificate of Conversion, A Entity" into a "Florida Profit Corporation" | rticles of Incorporation, and fees are submitted to convert an "Other Business" in accordance with s. 607,1115, F.S. |
| Please return all correspondence concernir | ng this matter to: |
| James J. Headrick | |
| Contact Person | n |
| Southeastern Claims Adjusting Corp. | |
| Firm/Company | v. |
| 10131 Paddock Oaks Dr. | |
| Address | |
| Riverview, FL 33569 | |
| City, State and Zip | Code |
| SEClaims@outlook.com | , |
| E-mail address: (to be used for future at | anual report motionation i |
| For further information concerning this matte | |
| James J. Headrick | at (813) 469-3955 Area Code and Daytime Telephone Nume. her |
| Name of Contact Person | |
| Enclosed is a check for the following amoun | 1: Check mailed with 1st Goversion Paderciae |
| □ \$105.00 Filing Fees □ \$113.75 Filing Fe and Certificate of Status | ees S113.75 Filing Fees and Certified Copy Certificate of Status |
| Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassay, FL 32314 | Street Address: New Filing Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 |

Tallahassee, FL 32303

Tallahassee, FL 32314

Certificate of Conversion For "Other Business Entity" Into

Florida Profit Corporation

This Certificate of Conversion and attached Articles of Incorporation are submitted to convert the following "Other Business Entity" into a Florida Profit Corporation in accordance with s. 607.1115. Florida Statutes.

| 1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is: | | |
|---|--|--|
| Southeastern Claims Adjusting, LLC | | |
| Enter Name of Other Business Entity | | |
| The "Other Business Entity" is a | | |
| (Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.) | | |
| first organized, formed or incorporated under the laws of | | |
| (Enter state, or if a non-U.S. entity, the name of the country) | | |
| 4/25/2016 on | | |
| Enter date "Other Business Entity" was first organized, formed or incorporated | | |
| 3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated: Florida | | |
| 4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation:</u> Southeastern Claims Adjusting Corp. | | |
| Enter Name of Florida Profit Corporation | | |
| The effective on the date of filing, enter the effective date: The effective date: Cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.) Sote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be sted as the document's effective date on the Department of State's records. | | |

| Signed this 19th day of December | <u>20</u> | | |
|---|---|------------|--------|
| Required Signature for Florida Profit Corporatio | | | |
| Signature of Chairman, Vice Chamban Troopy Incorporator: Printed Name: James J. Heachey Title: Owner | ficer, or, if Directors or Officers have not be | en selecte | ed, an |
| Required Signaturors up behalf of Dyer Busines | s Entity: See below for required signature | (s). | |
| Signature: | | _ | |
| Printed Name James J. Headrick | _{Title:} Owner/Manager | _ | |
| Signature: | | _ | |
| Printed Name: | | _ | |
| Signature: | | _ | |
| Printed Name: | Title: | _ | |
| Signature: | | _ | |
| Printed Name: | Title: | | |
| Signature: | | _ | |
| Printed Name: | Title: | _ | |
| Signature: | | _ | |
| Printed Name: | Title: | - . | 13 |
| If Florida General Partnership or Limited Liabili Signature of one General Partner. | tv Partnership: | |) |
| If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners. | y Limited Partnership: | · · · | 3 |
| If Florida Limited Liability Company: Signature of a Member or Authorized Representative | | : ;• | 2: 06 |
| All others: Signature of an authorized person. | | | |

Page 2 of 2

\$35,00

\$70.00

\$8.75 (Optional) \$8.75 (Optional)

Fees:

Certificate of Conversion:

Certified Copy: Certificate of Status:

Fees for Florida Articles of Incorporation:

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

| ARTICLE I NAME Southeastern | Claims Adjusting Corp. |
|---|---|
| The name of the corporation shall be: Southeastern | |
| ARTICLE II PRINCIPAL OFFICE | |
| The principal place of business/mailing address is: | |
| Principal street address 10131 Paddock Oaks Dr. | Mailing address, if different is: |
| Riverview, FL 33569 | |
| | |
| | |
| ARTICLE III PURPOSE | |
| The purpose for which the corporation is organiz | |
| Insurance Claims Adjusting, Disputed Claims Adjust | ting, Insurance Appraisal Adjusting, Insurance Umpire Adjusting |
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| ARTICLE IV SHARES The number of shares of stock is: | · · · · · · · · · · · · · · · · · · · |
| The number of shares of stock is: | |
| ARTICLE V INITIAL OFFICERS AND/C | OR DIRECTORS |
| Name and Title: | Name and Title: |
| 10131 Paddock Oaks Dr. | |
| Address: Riverview, FL 33569 | Address: |
| | |
| Name and Title: | Name and Title: |
| Address: | Address: |
| | |
| | |
| Name and Title: | Name and Title |
| Address: | Address: |
| | |

| ARTICI | CE VI REGISTERED AGENT | |
|---------------------------|---|---|
| the <u>name</u> | e and Florida street address (R.O. Box NOT acco | ptable) of the registered agent is: |
| Name. | James J. Headrick | |
| Address: | 10131 Paddock Oaks Dr. | |
| | Riverview, FL 33569 | |
| ARTICL | E VII INCORPORATOR | |
| The name | e and address of the Incorporator is: | |
| Name: | James J. Headrick | |
| Address: | 10131 Paddock Oaks Dr. | |
| | Riverview, FL 33569 | |
| | | |
| ****** | *********** | *** |
| Having bo this certifi | een named as registered haght wastept service of icate, I am family with my first fot the appointment | process for the above stated corporation at the place designated in nt as registered agent and agree to act in this capacity |
| | | 12/19/2019 |
| | Required Signature Registered Ayent | Date |
| l submit ti document | his document and efform that the facts stated here to the Department of Yate constitutes a third deg | in are true. I am aware that any false information submitted in a ee felony as provided for in s.817.1,55, F.S. |
| | | 12/19/2019 |
| | Required Signature/Incorporator | Date |
| | | |