

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 : LAZARUS CORPORATE FILING SERVICE, INC.
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Phone : (305)552-5973
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****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
EXPRESS PUBLIC ADJUSTERS, CORP.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:Express Public Adjusters, Corp.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

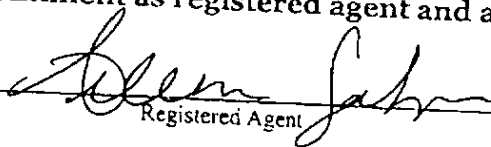
12026 SW 210 St
Miami, FL 33177**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Arleen Salazar (P)
Daniel Martinez (VP)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Arleen Salazar
12026 SW 210 St
Miami FL 33177**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Arleen Salazar
12026 SW 210 St
Miami FL 33177

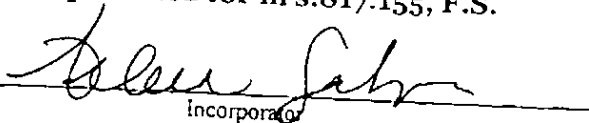
Required Signatures:

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


Registered Agent

2/28/20
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.


Incorporator

2/28/20
Date

FILED
2020 FEB 28 PM 1:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA