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pivision of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I200000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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

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

## FLORIDA PROFIT/NON PROFIT CORPORATION TRUSTED PUBLIC ADJUSTERS INC.

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03
\$78.75

## ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

**ARTICLE I** NAME: The name of the corporation is:

Trusted Public Adjusters Inc.	
ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is:	
10923 SW 38 Terrace Miami, FL 33165	
RTICLE III SHARES: The number of shares of stock is: 10	
ARTICLE IV INITIAL DIRECTORS AND/OR OFFIC	ERS:
Raul J. Amorin - President	
	^ ^ ^
	IVI Total
	<u> </u>
	E.S.
ARTICLE V INITIAL REGISTERED AGENT AND STREET	ADDRESS:
he name and Florida street address (PO Box not acceptable) of the regi	stered agent is
Raul J. Amorin 10923 SW 38 Terrace Miami, FL 331	165
·	
ARTICLE VI INCORPORATOR: The name and address of the I	ncorporator is:
Raul J. Amorin 10923 SW 38 Terrace Miami, FL 3316	55

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

05/28/20

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

05/28/:20

Date

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