

**Electronic Articles of Incorporation
For**

P20000049513
FILED
June 29, 2020
Sec. Of State
acbrow

TRIDENT CLAIM SERVICES OF CENTRAL FLORIDA INC

The undersigned incorporator, for the purpose of forming a Florida profit corporation, hereby adopts the following Articles of Incorporation:

Article I

The name of the corporation is:

TRIDENT CLAIM SERVICES OF CENTRAL FLORIDA INC

Article II

The principal place of business address:

199 PONCE DE LEON DRIVE
ORMOND BEACH, . US 32176

The mailing address of the corporation is:

199 PONCE DE LEON DRIVE
ORMOND BEACH, . US 32176

Article III

The purpose for which this corporation is organized is:

ANY AND ALL LAWFUL BUSINESS.

Article IV

The number of shares the corporation is authorized to issue is:

100

Article V

The name and Florida street address of the registered agent is:

TIMOTHY HOGAN
199 PONCE DE LEON DRIVE
ORMOND BEACH, FL. 32176

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature: TIMOTHY HOGAN

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Article VI

The name and address of the incorporator is:

TIMOTHY HOGAN
199 PONCE DE LEON DRIVE

ORMOND BEACH FL 32176

Electronic Signature of Incorporator: TIMOTHY HOGAN

I am the incorporator submitting these Articles of Incorporation and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of this corporation and every year thereafter to maintain "active" status.

Article VII

The initial officer(s) and/or director(s) of the corporation is/are:

Title: P
TIMOTHY HOGAN
199 PONCE DE LEON DR
ORMOND BEACH, FL. 32176 US

Article VIII

The effective date for this corporation shall be:

06/29/2020