Electronic Articles of Incorporation For

PERDIDO INSURANCE CLAIMS, INC.

P20000050342
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July 01, 2020
Sec. Of State
kepage

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:

PERDIDO INSURANCE CLAIMS, INC.

Article II

The principal place of business address:

10690 CLOSED HAULED RD
PENSACOLA, . 32507

The mailing address of the corporation is:

10690 CLOSED HAULED RD
PENSACOLA, FL. UN 32507

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:

COLETTE M PERRY
362 RIOLA PLACE
PENSACOLA, FL. 32506

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

Registered Agent Signature: COLETTE M. PERRY

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Sec. Of State
kepage

Article VI

The name and address of the incorporator is:

COLETTE PERRY
362 RIOLA PLACE

PENSACOLA, FL 32506

Electronic Signature of Incorporator: COLETTE M. PERRY

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
EVA CHIDDO
10690 CLOSED HAULED RD
PENSACOLA, FL. 32507