

P20000084271

(Requestor's Name)

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(Address)

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☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

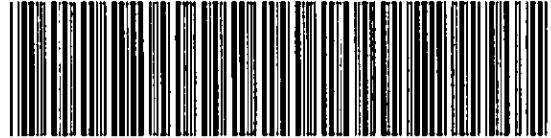
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Office Use Only

OCT 29 2020

T. SCOTT



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STATE  
FLORIDA

2020 OCT 27 AM 11:14

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 16, 2020

ELIJAH WILSON  
1451 W. CYPRESS CREEK ROAD STE 300  
FORT LAUDERDALE, FL 33309

SUBJECT: STARLINER PUBLIC ADJUSTERS INC  
Ref. Number: W20000118978

The fee to file is \$70. and reply to email online for refund.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of 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.

Tyrone Scott  
Regulatory Specialist II  
New Filings Section

Letter Number: 720A00020382

## COVER LETTER

Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: STARLINER PUBLIC ADJUSTERS INC  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

FROM: ELIJAH U WILSON  
Name (Printed or typed)

1451 W CYPRESS CREEK ROAD STE # 300  
Address

FORT LAUDERDALE FL 33309  
City, State & Zip

954 825 8051  
Daytime Telephone number

WILSON\_ELIJAH@YAHOO.COM  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

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

**ARTICLE I NAME**

The name of the corporation shall be: STARLINER PUBLIC ADJUSTERS INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
1451 W. CYPRESS CREEK ROAD  
SUITE # 300  
FORT LAUDERDALE FL 33309

Mailing address, if different is:  
P O BOX 667222  
POMPANO BEACH  
FL 33066

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: ELIJAH U. WILSON P Name and Title: \_\_\_\_\_

Address 1451 W. CYPRESS CREEK Address: \_\_\_\_\_  
ROAD SUITE # 300  
FORT LAUDERDALE  
FL 33309

Name and Title: ELIJAH U. WILSON D Name and Title: \_\_\_\_\_

Address 1451 W. CYPRESS CREEK Address: \_\_\_\_\_  
ROAD SUITE # 300  
FORT LAUDERDALE FL 33309

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

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

FILED  
2020 OCT 27 AM 11:15  
STATE  
FLORIDA

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: ELIJAH U. WILSON  
Address: 1451 W. CYPRESS CREEK  
ROAD Suite #300 Fort Lauderdale  
FL 33309

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: ELIJAH U. WILSON  
Address: 1451 W. CYPRESS CREEK  
ROAD Suite #300 Fort Lauderdale  
FL 33309


**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

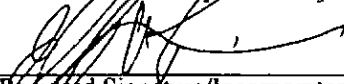
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

  
Required Signature/Registered Agent

10/21/20  
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.*

  
Required Signature/Incorporator

10/21/20  
Date