

P20000 85886

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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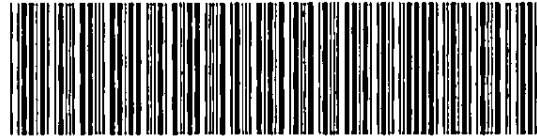
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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10/23/20--01020--011 \*\*70.00

2021 OCT 23 AM 11:01

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8/11/5 100

## 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  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM: ELIJAH. U. WILSON  
Name (Printed or typed)

1451 W. CYPRUS 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)

REC-10 OCT 23 AM 11:01

**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. CYPRUS CREEK  
ROAD SUITE #300  
Fort Lauderdale FL 33309

Mailing address, if different is:  
PO 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 NO PAR VALUE

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

Name and Title:	<u>ELIJAH W. WILSON, P.</u>	Name and Title:	
Address	<u>1451 W CYPRUS CREEK</u>	Address:	
	<u>ROAD STE #300</u>		
	<u>Fort Lauderdale FL 33309</u>		

Name and Title:	<u>ELIJAH W. WILSON - D</u>	Name and Title:	
Address	<u>1451 W CYPRUS CREEK</u>	Address:	
	<u>ROAD STE #300</u>		
	<u>Fort Lauderdale FL 33309</u>		

Name and Title:		Name and Title:	
Address		Address:	

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 W. WILSON

Address: 1451 W CYPRUS CREEK  
ROAD STE 300 Fort Lauderdale  
FL 33309

**ARTICLE VII INCORPORATOR**

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

Name: ELIJAH WILSON

Address: 1451 W CYPRUS CREEK ROAD  
STE # 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

10/19/20  
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

10/19/20  
Date