

P21000056526

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

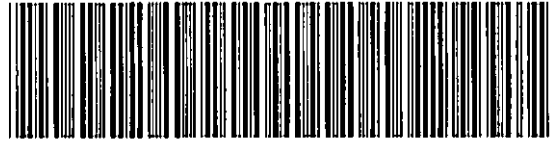
(Business Entity Name)

(Document Number)

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J DENNIS  
JUN 16 2021

## COVER LETTER

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

SUBJECT: ASSET VALUATION + ADJUSTING, 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: JAMES WILKINS  
Name (Printed or typed)

1329 N.W. 71 TERRACE  
Address

MIAMI, FLORIDA 33147  
City, State & Zip

954 394-2565  
Daytime Telephone number

jwadjuster@gmail.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: Asset Valuation + Adjusting, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

401 1329 N.W. 71 TERRACE  
MIAMI, FLA 33147

Mailing address, if different is:

1329 N.W. 71 TERRACE  
MIAMI, FLA 33147

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO OFFER A WIDE RANGE OF REAL  
ESTATE AND INSURANCE RELATED SERVICES. REAL  
ESTATE APPRAISALS, SETTLEMENT OF INSURANCE CLAIMS. FIELD  
INSPECTION, AND LOAN SIGNING AGENT SERVICES ARE ALL  
AVAILABLE. WE ALSO SEE INTERNATIONAL TRADE AND EXPORT  
AS SIGNIFICANT.

ARTICLE IV SHARES

The number of shares of stock is: 1,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JAMES WILKINS

Address

1329 N.W. 71 TERRACE  
MIAMI, FL. 33147

Name and Title: PRESIDENT

Address:

1329 N.W. 71 TERRACE  
MIAMI, FL. 33147

Name and Title: JAMES WILKINS

Address

1329 N.W. 71 TERRACE  
MIAMI, FL 33147

Name and Title: V. PRESIDENT, TREASURER, SECRETARY

Address:

1329 N.W. 71 TERRACE  
MIAMI, FL 33147

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

Address

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

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: JAMES WILKINS  
Address: 1329 N.W. 71 TERRACE  
MIAMI, FL 33147

**ARTICLE VII INCORPORATOR**

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

Name: JAMES WILKINS  
Address: 1329 N.W. 71 TERRACE  
MIAMI, FL 33147

**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*

James Wilkins  
Required Signature/Registered Agent

6/1/2021  
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.*

James Wilkins  
Required Signature/Incorporator

6/1/2021  
Date