

2/24/22, 5:27 PM

Division of Corporations  
**P22000027758**  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:  
Division of Corporations  
Fax Number : (850)617-6381

From:  
Account Name : WARD, DAMON & POSNER, P.A.  
Account Number : 072262000447  
Phone : (561)842-3000  
Fax Number : (561)842-3626

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: businessservices@warddamon.com

2022 APR 11 PM 12:42  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**Your Virtual Adjuster Inc.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

RECEIVED

2022 APR 11 AM 8:30

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
COMMERCIAL SERVICES

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Corporate Filing Menu

Help

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

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**ARTICLE I NAME**

The name of the corporation shall be: Your Virtual Adjuster Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

499 NW 70th Ave., Suite 114, Plantation, FL 33317

Same

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: The purpose for which this Corporation is to engage in any lawful actions or activities for which corporations may be organized under the laws of the State of Florida.

**ARTICLE IV SHARES**

The number of shares of stock is: 5,000

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

Name and Title: Aaron N. Singer, President

Address 499 NW 70th Ave., Suite 114  
Plantation, FL 33317

Name and Title: Aaron N. Singer, Director

Address: 499 NW 70th Ave., Suite 114  
Plantation, FL 33317

Name and Title: Vincent Lefton, Vice President

Address 499 NW 70th Ave., Suite 114  
Plantation, FL 33317

Name and Title: Vincent Lefton, Director

Address: 499 NW 70th Ave., Suite 114  
Plantation, FL 33317

Name and Title: Vincent Lefton, Secretary

Address 499 NW 70th Ave., Suite 114  
Plantation, FL 33317

Name and Title: Vincent Lefton, Treasurer

Address: 499 NW 70th Ave., Suite 114  
Plantation, FL 33317

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TALLAHASSEE, FLORIDA

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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: Vcorp Services, LLC  
Address: 1200 South Pine Island Road  
Plantation, FL 33324

**ARTICLE VII INCORPORATOR**

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

Name: Aaron N. Singer  
Address: 499 NW 70th Ave., Suite 114  
Plantation, FL 33317

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VIII EFFECTIVE DATE:**

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

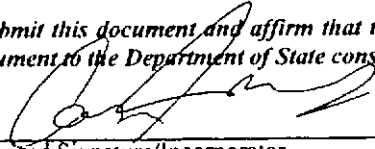
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**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*

 02/24/2022  
Required Signature/Registered Agent Miriam Nachison, Assistant Secretary 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.*

 2/23/22  
Required Signature/Incorporator Date  
Aaron N. Singer, Incorporator

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