# 22000041335

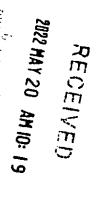
(Requ	iestor's Name)	
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May 24, 2022

CT CORP

CORRECTED

Please Allow For 
Same File Date

SUBJECT: LOGGERHEAD SERVICES CORP.

Ref. Number: W22000068066

We have received your document for LOGGERHEAD SERVICES CORP. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return 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.

Neysa Culligan Regulatory Specialist III

Letter Number: 022A00011755



### **COVER LETTER**

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

SUBJECT: Loggerhead Risk Management Services Holding Corp.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX

<u></u>	(PROPOSED CORPOR)	VTE NAME – <u>MUST INCLU</u>	<u>IDE SUFFIX</u> )
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	a check for:
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee. Certified Copy & Certificate of Status PPY REQUIRED
	ohn Pruitt, Eversheds Suthe Nam de Grace Building, 40th Floo	or 1114 Avenue of the	Americas
<u>Ne</u>	ew York, NY 10036 City	Address  7. State & Zip	
(2	12) 389-5053 Daytime	Telephone number	
<u>Jo</u>	hnPruitt@eversheds-suther E-mail address: (to be us	rland.us ed for future annual report i	notification)

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

# **CT CORP**

## 3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

D	Date: 05/20/2022
	Acc#120160000072
Name:	Loggerhead Services Corp.
Document #:	
Order #:	14340082 - 6
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing:	1-2 FILING CORP QUALIFICATION 1St- LLC QUALIFICATION 2nd
Certified Copy of	THANK YOU!
Apostille/Notarial Certification:	Country of Destination:  Number of Certs:
Filing: 🗸	Certified: ✓ Plain: COGS:
Availability  Document  Examiner  Updater  Verifier  W.P. Verifier  Ref#	Amount: \$ 78.75

Thank you!

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: Loggerhead Risk Manage	ement Services Holding	Corp.
ARTICLE II PRINCIPAL OFFICE Principal street address 215 S. Monroe Street, Suite 200 Tallahassee, FL 32301		dress, if different is:
ARTICLE III PURPOSE The purpose for which the corporation is organized is: In any lawful act or activity for which corporations may Corporation Act ("FBCA"), and to have and exercise al of Florida upon corporations formed under the FB	be organized under the I the powers conferred t	Florida Business
ARTICLE IV SHARES The number of shares of stock is: One Thousand (1,000)  ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS		2022 HAY 20 AM 9: 53 SECRE FARY UF STATE TAULAHASSEE. FL
Name and Title:Address		
Name and Title:Address	Address:	
Name and Title:Address	Name and Title: Address:	

Name a	and Title: Name	and Title:
Addre	ss Addre	ess:
ARTICLE VI The name and	<u>REGISTERED AGENT</u> Florida street address (P.O. Box NOT acceptable) of the regi	istered agent is:
Name:	Breck Brannen	
Address:	215 S. Monroe Street, Suite 200	ECR TAI
	Tallahassee, FL 32301	2022 HAY 20 SEURLIANA TALLAHA
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>	ARY OF STATE AHASSEE. FL
The name and	address of the Incorporator is:	円の <b>9.</b> 円元 <b>5</b>
Name:	John Pruitt	· · · · · · · · · · · · · · · · · · ·
Address:	1114 Avenue of the Americas, 40th Floor	
	New York, NY 10036	
orizi e izi	o ecceptue bate.	
C.C. and a substant	II EFFECTIVE DATE: if other than the date of filing: e date is listed, the date must be specific and cannot be m	
Note: If the dathe document	ate inserted in this block does not meet the applicable statuto s effective date on the Department of State's records.	ry filing requirements, this date will not b
Having been n certificate, I an	amed as registered agent to accept service of process for the a n familiar with and accept the appointment as registered age	bove stated corporation at the place design nt and agree to act in this capacity
/s/ Breck B		May 25, 2022
	Required Signature/Registered Agent	Date
I submit this document to the	document and affirm that the facts stated herein are true. I he Department of State constitutes a third degree felony as pr	am aware that the false information sulpoided for in s.817.155, F.S.