

Electronic Articles of Incorporation For

**P23000049883
FILED
July 03, 2023
Sec. Of State
kcostello**

COMPLETE LOSS CONTROL, INC

The undersigned incorporator, for the purpose of forming a Florida profit corporation, hereby adopts the following Articles of Incorporation:

Article I

The name of the corporation is:

COMPLETE LOSS CONTROL, INC

Article II

The principal place of business address:

5475 NW ST. JAMES DRIVE
#242
PORT ST. LUCIE, FL. US 34983

The mailing address of the corporation is:

5475 NW ST. JAMES DRIVE
#242
PORT ST. LUCIE, FL. US 34983

Article III

The purpose for which this corporation is organized is:

COMMERCIAL INSURANCE INSPECTION COMPANY.

Article IV

The number of shares the corporation is authorized to issue is:

1,000

Article V

The name and Florida street address of the registered agent is:

HAYDEN INSURANCE, LLC
1642 SE PORTILLO ROAD
PORT ST. LUCIE, FL. 34952

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature: CARLOS HAYDEN

Article VI

The name and address of the incorporator is:

CARLOS HAYDEN
1642 SE PORTILLO ROAD

PORT ST. LUCIE, FL, 34952

Electronic Signature of Incorporator: CARLOS HAYDEN

I am the incorporator submitting these Articles of Incorporation and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of this corporation and every year thereafter to maintain "active" status.

Article VII

The initial officer(s) and/or director(s) of the corporation is/are:

Title: CEO
HAYDEN INSURANCE. LLC
5475 NW ST. JAMES DRIVE
PORT ST. LUCIE, FL. 34983 US

Title: COO
JENNIFER LEWIS
5475 NW ST. JAMES DRIVE
PORT ST. LUCIE, FL. 34983 US

Article VIII

The effective date for this corporation shall be:

07/04/2023