

# **Electronic Articles of Incorporation For**

**P24000058385**  
**FILED**  
**September 11, 2024**  
**Sec. Of State**  
klovelace

CLAIM YOUR LOSS PUBLIC ADJUSTERS 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:

CLAIM YOUR LOSS PUBLIC ADJUSTERS INC

## **Article II**

The principal place of business address:

944 E OSCEOLA PKWY  
KISSIMMEE, FL. US 34744

The mailing address of the corporation is:

2613 WATERLINE ST  
KISSIMMEE, FL. US 34743

## **Article III**

The purpose for which this corporation is organized is:

ANY AND ALL LAWFUL BUSINESS.

## **Article IV**

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

1

## **Article V**

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

CARLOS A CRUZ CRUZ  
2613 WATERLINE ST  
KISSIMMEE, FL. 34743

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

Registered Agent Signature: CARLOS A CRUZ CRUZ

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## **Article VI**

The name and address of the incorporator is:

CARLOS A CRUZ CRUZ  
2613 WATERLINE ST

KISSIMMEE, FL 34743

Electronic Signature of Incorporator: CARLOS A CRUZ CRUZ

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: P  
CARLOS A CRUZ CRUZ  
2613 WATERLINE ST  
KISSIMMEE, FL. 34743