

P98000003189

TRANSMITTAL LETTER

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

SUBJECT:

Atlantic Finance^{PL} Adjusters, Inc.
(Proposed corporate name - must include suffix)

100002396011--4
-01/09/98--01099--001
*****78.75 *****78.75

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee
& Certificate

ADDITIONAL COPY REQUIRED

FROM:

Charles P. England
Name (Printed or typed)

1589 N Nova RQ #106
Address

Holly Hill, FL 32117
City, State & Zip

904 239-0666
Daytime Telephone number

FILED
98 JAN -9 AM 8:10
TALLAHASSEE, FLORIDA
STATE

CB
1-13-98

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

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I: NAME OF CORPORATION:

The name of the corporation shall be: Atlantic Financial Adjusters, Inc..

ARTICLE II: PRINCIPAL OFFICE:

The principal place of business and mailing address of this corporation shall be:
3742 S. Nova Road
Suite 1015
Port Orange, Florida 32119

ARTICLE III: SHARES:

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100 (One Hundred) Shares

ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS:

The name and Florida address of the initial registered agent are:
Kimberly Remington
1500 Beville Road
Suite 606-222
Daytona Beach, Florida 32114

ARTICLE V: INCORPORATOR:

The name and address of the incorporator to these Articles of Incorporation are:
Charles P. England
1589 N. Nova Rd
Suite 106
Holly Hill, Florida 32117

Charles P. England
Signature/Incorporator

1/5/98
Date

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all the statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Kimberly Remington
Signature/Registered Agent

1/5/98
Date

FILED
JAN - 9 AM 8:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA