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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

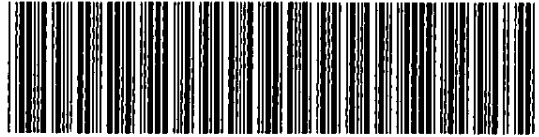
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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AND  
FILED  
09 JAN 13 PM 4:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Handwritten initials

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** A-1 ADJUSTERS 4 YOU, INC.  
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Wakamba K. Guichard  
(Name of Person)  
A-1 Adjusters 4 You, Inc.  
(Firm/Company)  
1651 Galiano Street  
(Address)  
Deltona, Florida 32725  
(City/State and Zip code)

For further information concerning this matter, please call:

Wakamba K. Guichard at ( 407 ) 402-5019  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

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

Enclosed is a check for the following amount:

- \$70.00 Filing Fee     \$78.75 Filing Fee & Certificate of Status     \$78.75 Filing Fee & Certified Copy     \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 10, 2008

WAKAMBA K. GUICHARD  
1651 GALIANO STREET  
DELTONA, FL 32725

SUBJECT: A-1 ADJUSTERS 4 YOU, INC.  
Ref. Number: W08000054941

We have received your document for A-1 ADJUSTERS 4 YOU, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of 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) 245-6962.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

Letter Number: 208A00059932

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. A-1 ADJUSTERS 4 YOU, INC.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

AA-1 ADJUSTERS 4 YOU, INC.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. NOVEMBER 20, 2008 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. HAVE NOT TRANSACTED ANY BUSINESS IN THE STATE - N/A  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1651 Galiano Street, Deltona, FL 32725  
(Principal office address)

1651 Galiano Street, Deltona, FL 32725  
(Current mailing address)

8. Transact any and all lawful business  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

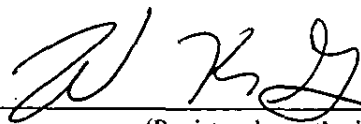
Name: Wakamba K. Guichard

Office Address: 1651 Galiano Street

Deltona, FL, Florida 32725  
(City) (Zip code)

10. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

09 JAN 13 PM 4:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

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AND  
FILED

09 JAN 13 PM 4:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: Wakamba K. Guichard  
Address: 1651 Galiano Street  
Deltona, FL 32725

Vice Chairman: Diane C. Wise  
Address: P O Box 620643  
Oviedo, FL 32762

Director: Wakamba K. Guichard                      Diane C. Wise  
Address: 1651 Galiano Street                      P O Box 620643  
Deltona, FL 32725                                      Oviedo, FL 32762

Director: Ndabayingii S. Sackey  
Address: 5401 The Vyne Avenue  
Atlanta, GA 303349

**B. OFFICERS**

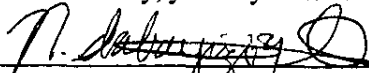
President: Wakamba K. Guichard  
Address: 1651 Galiano Street  
Deltona, FL 32725

Vice President: Diane C. Wise                      Ndabayingii S. Sackey  
Address: P O Box 620643                      5401 The Vyne Avenue  
Oviedo, FL 32762                                      Atlanta, GA 30349

Secretary: Ndabayingii S. Sackey  
Address: 5401 The Vyne Avenue, Atlanta, GA 30349

Treasurer: Diane C. Wise  
Address: P O Box 620643, Oviedo, FL 32762

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.   
(Signature of Director or Officer listed in number 12 of the application)

14. Wakamba K. Guichard, Chairman / Director / President  
(Typed or printed name and capacity of person signing application)

# Delaware

PAGE 1

*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "A-1 ADJUSTERS 4 YOU, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF DECEMBER, A.D. 2008.

09 JAN 13 PM 4: 58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

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You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 7041305

DATE: 12-22-08