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(Requestor's Name)				
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PICK-UP WAIT MAIL				
<u> </u>				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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David 7-13-84

TRANSMITTAL LETTER

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

SUBJECT: Marelle	Insurance Solutions, Inc.		
	(PROPOSED CORPORA	TE NAME - MUST INCL	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	a check for:
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	 ■ \$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL COPY REQUIRED	
		<u> </u>	
FROM: Elle	en S. Weiss		
r Rom.	Name	e (Printed or typed)	
	3103 S.E. Card Terrace		
		Address	· · · · · · · · · · · · · · · · · · ·
	Port St. Lucie, Florida 34984	- C C 75	
	City	y, State & Zip	· <u>.=</u>
	772-344-0032		

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

Daytime Telephone number

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:

Marelle Insurance Solutions, inc.

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ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 3103 S.E. Card Terrace
Port St. Lucie, Florida 34984

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To sell Health and Life Insurance

ARTICLE IV ___ SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Weiss, Ellen S. 3103 S.E. Card Terrace Port St. Lucie, Floirda 34984 President

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Weiss, Ellen S. 3103 S.E. Card Terrace Port St. Lucie, Floirda 34984

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Weiss, Ellen S. 3103 S.E. Card Terrace Port St. Lucie, Floirda 34984

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent Ellen Wers 5 7/06/04

Signature/Registered Agent Ellen Wers 5 7/06/04

Signature/Incorporator Ellen Weiss