

P04000120289

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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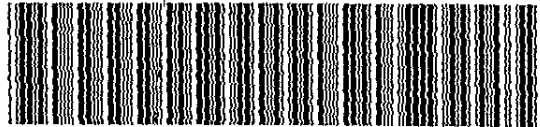
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

✓ (Signature) 8-19-04

TRANSMITTAL LETTER

ATX1

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

SUBJECT: ESTATE & FINANCIAL SECURITY, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles 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

FROM: MICHAEL RUDMAN

Name (Printed or typed)

BERMUDA ISLES, 8414 HORSE SHOE BAY ROAD

Address

BOYNTON BEACH, FL. 33437

City, State & Zip

561-738-7600

Daytime Telephone number

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

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:

ESTATE & FINANCIAL SECURITY, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

BERMUDA ISLES, 8414 HORSE SHOE BAY ROAD

BOYNTON BEACH, FL, 33437

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

INSURANCE SALES

ARTICLE IV SHARES

The number of shares of stock is:

7500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

MICHAEL RUDMAN , PRES

BERMUDA ISLES, 8414 HORSE SHOE BAY ROAD

BOYNTON BEACH, FL. 33437

ARTICLE VI REGISTERED AGENT

The NAME AND FLORIDA STREET ADDRESS of the registered agent is:

MICHAEL RUDMAN

BERMUDA ISLES, 8414 HORSE SHOE BAY ROAD

BOYNTON BEACH, FL. 33437

ARTICLE VII INCORPORATOR

The NAME AND ADDRESS of the incorporator is:

MICHAEL RUDMAN

BERMUDA ISLES, 8414 HORSE SHOE BAY ROAD

BOYNTON BEACH, FL. 33437

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

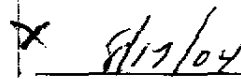


Signature/Incorporator

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Date



Date