

P07000002581

(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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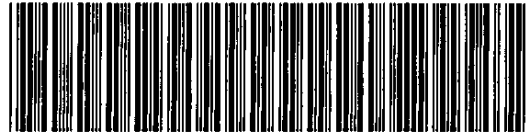
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers JAN 08 2007

COVER LETTER

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

SUBJECT: Insurance Quote Zone 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:

Katharine N. Lefebvre

Name (Printed or typed)

27503 Cedar Park CT

Address

Wesley Chapel FL 33573

City, State & Zip

813-907-3131

Daytime Telephone number

SECRET
RECEIVED
TALLAHASSEE, FLORIDA

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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: *Insurance Quote Zone, Inc.*

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: *27503 Cedar Park CT
Wesley Chapel, FL 33543*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: *Lead generation services*

ARTICLE IV SHARES

The number of shares of stock is: */*

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

*Katharine N. Lefebvre, President
27503 Cedar Park CT
Wesley Chapel, FL 33543*

ARTICLE VI REGISTERED AGENT

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

*Katharine N. Lefebvre
27503 Cedar Park CT
Wesley Chapel, FL 33543*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*Katharine N. Lefebvre
27503 Cedar Park CT
Wesley Chapel, FL 33543*

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

Katharine N. Lefebvre

Signature/Registered Agent

1/4/07

Date

Katharine N. Lefebvre

Signature/Incorporator

1/4/07

Date

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TALLAHASSEE FLORIDA