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PICK-UP WAIT MAIL			
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SECRITIANT OF STATE
ASSEE, FLORID

COVER LETTER

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

SUBJECT:	nswance topposed corpor	teadqua	
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	l a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM:	A. M. Be Name 3802 Ehrl	everly (Printed or typed) lich Rd, Address	Suite 303
	Tampa, F	1 3362 , State & Zip	-4

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	09 MAR 24 PM 3: 58			
The name of the corporation shall be: Insurance Headquarters, Inc				
ARTICLE II PRINCIPAL OFFICE The principal street address and mailing address, if different is: 3802 Ehrlich Rd, Suite 303 Tampa FL 33624 ARTICLE III PURPOSE The purpose for which the corporation is organized is: Insurance Sales				
ARTICLE IV SHARES The number of shares of stock is: 500 Shares ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS				
List name(s), address(es) and specific title(s):				
ARTICLE VI REGISTERED AGENT	-			
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the register A. M. Beverly 3802 Ehrlich Rd, Suite 303 Tampa, FL 33624 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: A. M. Beverly Rd, Suite 303	SECRETARY OF STATE AND STATE AND SECRETARY OF STATE			
Tampa, FL 33624				

Signature/Registered Agent Signature/Incorporator	March 23, 2009 Date March 23, 2009 Date			

Signature/Incorporator