

P11000091082

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

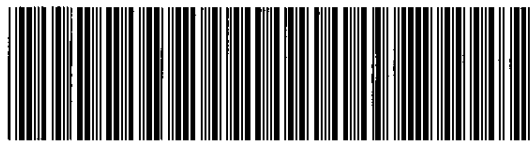
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: SKOLNICK INSURANCE AGENCY, 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: HAL SKOLNICK
Name (Printed or typed)

6106 NW 120th Terrace
Address

Parkland, FL 33076
City, State & Zip

(954) 796-4400
Daytime Telephone number

Skolnick_insurance@live.com
E-mail address: (to be used for future annual report notification)

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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 SKOLNICK INSURANCE AGENCY, INC.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address: 6106 NW 120th Terrace
Parkland, FL 33076
Mailing address, if different is: _____

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
any and all lawful activities.

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Hal Skolnick, President Name and Title: Lauren Skolnick, Vice-President
Address: 6106 NW 120th Terrace Address: 6106 NW 120th Terrace
Parkland, FL 33076 Parkland, FL 33076

Name and Title: Hal Skolnick, Treasurer Name and Title: Lauren Skolnick, Secretary
Address: 6106 NW 120th Terrace Address: 6106 NW 120th Terrace
Parkland, FL 33076 Parkland, FL 33076

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Hal Skolnick
Address: 6106 NW 120th Terrace
Parkland, FL 33076

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ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Hal Skolnick
Address: 6106 NW 120th Terrace
Parkland, FL 33076

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

Hal Scott Required Signature/Registered Agent 9/3/11 Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Hal Scott Required Signature/Incorporator 9/3/11 Date