

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

PHOW 2017

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To: Division of Corporations
Fax Number : (850)617-6381

Resubmission, please keep file date of 03/20/2017.

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)288-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

17 MAR 22 PM 1:32
THIS IS A LEGAL INFORMATION SERVICE

FLORIDA PROFIT/NON PROFIT CORPORATION
Akan Lombard International Brokers Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

17 MAR 20 PM 1:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
ARTIFICIAL AND FILED

COVER LETTER

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

SUBJECT: AkaanLombardInternationalBrokersInc.

(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: MichelleRoss
Name (Printed or typed)
1650MarketStreet,54thFloor
Address
Philadelphia,PA19103
City, State & Zip
484-530-4800
Daytime Telephone number
mjross@lombardinternational.com
E-mail address: (to be used for future annual report notification)

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: AkaanLombardInternationalBrokersInc.

ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address	Mailing address, if different is:
<u>801BrickellAvenue</u>	<u></u>
<u>Suite2380</u>	<u></u>
<u>Miami,FL33131</u>	<u></u>

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Upon receipt of an insurance agency license the corporation will commence sales of life insurance policies.

ARTICLE IV SHARES

The number of shares of stock is: 100 Par Value USD \$.01

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>KennethP.Kilbane-Director/President</u>	Name and Title: <u></u>
Address: <u>1650MarketStreet,54thFloor</u>	Address: <u></u>
<u>Philadelphia,PA19103</u>	<u></u>

Name and Title: <u>JosephA.Fillip-Director/VP</u>	Name and Title: <u></u>
Address: <u>1650MarketStreet,54thFloor</u>	Address: <u></u>
<u>Philadelphia,PA19103</u>	<u></u>

Name and Title: <u></u>	Name and Title: <u></u>
Address: <u></u>	Address: <u></u>
<u></u>	<u></u>

APPROVED
 AND
 FILED
 17 MAR 20 PM 1:43
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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: C T Corporation System
 Address: 1200 South Pine Island Road
Plantation, FL 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Marcie Jordan
 Address: 1650 Market Street, 54th Floor
Philadelphia, PA 19103

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

By: C T Corporation System Maria T. Chambers Maria T. Chambers 3/20/2017
 Required Signature/Registered Agent Special Assistant Secretary 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.

Marcie Jordan 03/20/2017
 Required Signature/Incorporator Date