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PICK-UP	☐ WAIT	MAIL		
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(Document Number)				
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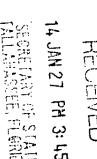


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FLORIDA DEPARTMENT OF STATE Division of Corporations

January 3, 2014

ROBERT E. DUDZIK 1700 JFK CAUSEWAY PH2004 NORTH BAY VILLAGE, FL 33141

SUBJECT: DUDZIK AND ASSOCIATES INSURANCE CONSULTANTS, INC.

Ref. Number: W14000000464

We have received your document for DUDZIK AND ASSOCIATES INSURANCE CONSULTANTS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Sylvia Gilbert Regulatory Specialist II New Filing Section

Letter Number: 314A00000184

www.sunbiz.org

Division of Comparations DO BOY 6997 Tallahassas Florida 9991

COVER LETTER

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

SUBJECT: Dudzik and Associates Insurance Consultants, 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 □ \$78.75

Filing Fee Filing Fee & Certificate of Status

□ \$78.75 □ \$87.50

Filing Fee Filing Fee, & Certified Copy & Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: Robert E. Dudzik		
Name (Printed or typed)		
1700 JFK Causeway PH2004		
Address		
North Bay Village, FL 33141		
City, State & Zip		
917-370-4499		
Daytime Telephone number		
robertdudzik51@gmail.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 IN PRPORATION In compliance with Chapter 601 and/or Chapter 621, F.S. (Profit)

The name of the corpora	tion shall be: Dudzik and Associa	ates Insurance Consultants, Inc.
ARTICLE II PRI	NCIPAL OFFICE	4 1555
	Principal street address	Mailing address, if different is 2
1700 JFK Cau	useway PH2004	2
North Bay Vill	lage, FL 33141	
		<u> </u>
		<u> </u>
ARTICLE III PUR	POSE the corporation is organized is: Casual	ty insurance consulting services
and related se		
	71 11000.	
ADTICI E III CU/	IDEC	
The number of shares of	stock is: 1,000 shares no par com	mon
	TIAL OFFICERS AND/OR DIRECTOR	
Name and Title	Robert E. Dudzik, President	Name and Title:
	1700 JFK Causeway PH2004	
Address		
	North Bay Village, FL 33141	
		
Name and Title		Name and Title:
rame and Thie.		
Address		Address:
Name and Title:	· <u></u>	Name and Title:
Address		Address:
21441005		
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Name and	Títle:	Name and Title:
Address		Address:
ARTICLE VI	REGISTERED AGENT	
The name and Flo	rida street address (P.O. Box NOT acceptable) of	the registered agent is:
Name:	Robert E. Dudzik	
Address:	1700 JFK Causeway PH2004	
	North Bay Village, FL 33141	
ARTICLE VII	INCORPORATOR	
The name and add	<u>lress</u> of the Incorporator is:	
Name:	Robert E. Dudzik	
Address:	1700 JFK Causeway PH2004	
	North Bay Village, FL 33141	
Having been name	effective date of corporation: ed as registered agent to accept service of process infamiliar with and accept the appointment as region Required Signature/Registered Agent	January 1, 2014 for the above stated corporation at the place designated in istered agent and agree to act in this capacity 12/21/13
	-	Date
I submit this docu document to the D	ment and affirm that the facts stated herein are to epartment of State constitutes a third degree felong Required Signature/Incorporator	rue. I am aware that the fulse information submitted in a sas provided for in s.817.155, F.S. 12 2 13 Date