

TRANSMITTAL LETTER

Frieda Chessen
409 E GRINES ST

32399

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

P00000026940

SUBJECT: INSURANCE ADVISORS OF TAMPA BAY INC.
(Proposed corporate name - must include suffix)

500003172585--1
-03/16/00--01054--007
*****87.50 *****87.50

Enclosed is 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: STEPHEN HEBELER
Name (Printed or typed)

28870 US 19-N. Ste 100
Address

CLEARWATER, FL. 33761
City, State & Zip

727-799-2300
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 MAR -9 AM 12:49

FILED

NOTE: Please provide the original and one copy of the articles.

F. CHESSEN MAR 16 2000
300 14687

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 Advisors of Tampa Bay Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

28870 US-19-N Suite 100. CLEARWATER, FL. 33761

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

INSURANCE

ARTICLE IV SHARES

The number of shares of stock is:

100 (one hundred)

ARTICLE V INITIAL OFFICERS/DIRECTORS

The name(s) and address(es):
STEPHEN HEBELER 28870 US-19-N Ste 100 CLWT, FL
CHASE HEBELER "
CAMPION HEBELER, "
ANOREA HEBELER "

ARTICLE VI REGISTERED AGENT

The name and Florida street address registered agent are:

NATALIE GRASSO
7622 SOUTHERN BROOKBEND
Suite 302
TAMPA, FL 33635

ARTICLE VII INCORPORATOR

The name and address of the Incorporator are:

STEPHEN HEBELER
28870 US-19-N Ste 100
CLEARWATER, FL. 33761

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Natalie Grasso
Signature/Registered Agent

Stephen Hebel
Signature/Incorporator

3/10/00
Date

3/10/00
Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 MAR -9 AM 12:49

FILED