

TRANSMITTAL LETTER

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

SUBJECT: JOHN IZZO INSURANCE INC.
(Proposed corporate name - must include suffix)

400003166754--2-
-03/13/00--01075--014
*****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: JOHN D. IZZO
Name (Printed or typed)

931 SWEETWATER LANE UNIT 201
Address

BOCA RATON, FLA. 33431
City, State & Zip

561 969 9499
Daytime Telephone number

FILED
00 MAR 27 PM 3:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

P.C.
3-27-00

W-7313



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

March 20, 2000

JOHN D. IZZO
931 SWEETWATER LANE
UNIT 201
BOCA RATON, FL 33431

SUBJECT: JOHN IZZO INSURANCE INC.
Ref. Number: W00000007313

We have received your document for JOHN IZZO INSURANCE INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

YOU MUST ALSO LIST THE NAME AND ADDRESS OF THE INCORPORATOR.

Please return the 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) 487-6926.

Cheryl Gallmon-Case
Document Specialist

Letter Number: 900A00015140

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:

JOHN IZZO INSURANCE INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

931 SWEETWATER LANE UNIT 201

BOCA RATON, FLA 33431

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO INCORPORATE

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS

The name(s) and address(es): 931 SWEETWATER LANE UNIT 201

JOHN IZZO - BOCA RATON, FLA. 33431

ARTICLE VI REGISTERED AGENT

The name and Florida street address registered agent are:

JOHN D. IZZO
931 SWEETWATER LN #201
BOCA RATON, FLA. 33431

I hereby am familiar with and accept
the duties and RESPONSIBILITIES OF
REGISTERED AGENT, JOHN D. IZZO

ARTICLE VII INCORPORATOR

The name and address of the Incorporator are:

JOHN D. IZZO - 931 SWEETWATER LANE, UNIT 201
BOCA RATON, FLA. 33431

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.

Signature/Registered Agent

Signature/Incorporator

Date

Date

00 MAR 27 PM 3:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED