

P00000039683
TRANSMITTAL LETTER

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

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-04/14/00--01040--003
*****70.00 *****70.00

SUBJECT: BEVERLY GILBERT INSURANCE SERVICES, INC.
(Proposed corporate name - must include suffix)

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: DONNA SACCO
Name (Printed or typed)

5400 S. UNIVERSITY DRIVE #403
Address

DAVIE, FLORIDA 33328
City, State & Zip

954-680-4818

Daytime Telephone number

FILED
00 APR 14 AM 11:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

CB
4-20-00
2

Articles of Incorporation
of
BEVERLY GILBERT INSURANCE SERVICES, INC.

FILED
00 APR 14 AM 11:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I. NAME

The name of the Corporation shall be: BEVERLY GILBERT INSURANCE SERVICES, INC. .

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:
10070 GRIFFIN ROAD
COOPER CITY, FLORIDA 33328

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: (ONE HUNDRED) 100 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address if the initial registered agent are:

BEVERLY GILBERT
10070 GRIFFIN ROAD
COOPER CITY, FLORIDA 33328

ARTICLE V INCORPORATOR

The name and address of the incorporator to these articles are: DONNA SACCO, C/O 5400 S. UNIVERISTY DRIVE, #403, DAVIE, FLORIDA 33328.


Signature/Incorporator

4-8-2000
Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept services 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 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

4-8-2000
Date