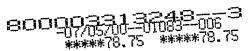
POOOOO65209

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



SUBJECT:	INSURANCE	SERVICES	OF NAPLES 1	INC.	
	·		NAME – <u>MUST IN</u>		
Enclosed is an original and one(1) copy of the articles of incorporation and a check for:					
S70.00 Filing Fee	\$78.75 Filing Fee & Certificate of	Status	\$78.75 Filing Fee & Certified Cop	S87.50 Filing Fee, y Certified Copy & Certificate of Status COPY REQUIRED	
FROM:	LO-AMMY P		ted or typed)		

4374 23Rd Ave SW

941-455-3771

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

Address

Naples, F1 34116 City, State & Zip

Daytime Telephone number

N 94/1



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

July 7, 2000

LO-AMMY PAUL 4374 23RD AVE. SW NAPLES, FL 34116

SUBJECT: INSURANCE SERVICES OF NAPLES INC.

Ref. Number: W00000017233

We have received your document for INSURANCE SERVICES OF NAPLES 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.

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

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) 487-6878.

Alan Crum Document Specialist

Letter Number: 800A00037829

ARTICLE I NAME The name of the corporation shall be: INSURANCE SERVICES OF NAPLES INC.	
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: P.O. Box 9294 NaPles Fl 34101	
ARTICLE III PURPOSE The purpose for which the corporation is organized is: Sale of Insurance Products (Life, Health, /and Disability	- Barr
ARTICLE IV SHARES The number of shares of stock is: 1	A THE
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s) and address(es): Lo-Ammy Paul	
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: +374 23rd Ave Swaples, Fl 34116	
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: On-Amony Paul- H37H 23 M AVE SW NAPICS FI 3416 ***********************************	*
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in the certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity	is
7/1/00	· · ·
Signature Registered Scent Date	
Signature/Ingorporator Date	₩ <u>,</u>

Y ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)