

P000000068209

TRANSMITTAL LETTER

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

200003313248-3
-07/05/00-10083-006
*****78.75 *****78.75

SUBJECT: INSURANCE SERVICES OF NAPLES 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: LO-AMMY PAUL

Name (Printed or typed)

4374 23Rd Ave SW

Address

Naples, FL 34116

City, State & Zip

941-455-3771

Daytime Telephone number

00 JUL 17 AM 9:39
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

W-17233
gh/h



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 signed 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

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 SERVICES OF NAPLES INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling 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)

ARTICLE IV SHARES

The number of shares of stock is: 1

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: Lo-Ammy Paul
4374 23rd AVE SW
Naples, FL 34116

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Lo-Ammy Paul
4374 23rd AVE SW
NAPLES FL 34116

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Date

7/1/00

Signature/Incorporator

Date

7/1/00

FILED

00 JUL 17 AM 9:39

CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA