TRANSMITTAL LETTER

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

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SUBJECT: ERROL ELLIOTT INSURANCE AGENCY, 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

3 \$78.75

\$87.50

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM: Errol Elliott	
Name (Printed or typed)	5 S
	EO .
7508 Pembroke Rd.	至 第 五
Address	
Miramar,Fl 33023	
City, State & Zip	
	DA O
(054) 062 2729	

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

Daytime Telephone number



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:

FILED

ERROL ELLIOTT INSURANCE AGENCY, INC.

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ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

7508 Pembroke Rd. Miramar, Fl 33023

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Sales and service of general lines-life-health and other related insurance products. To engage in other legal for profit activities as the industry may permit.

ARTICLE IV SHARES

The number of shares of stock is:

300

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Errol Elliott- 7508 Pembroke Rd. Miramar, Fl 33023

REGISTERED AGENT

The name and Florida street address of the registered agent is:

Errol Elliott

7508 Pembroke Rd. Miramar, Fl 33023

ARTICLE VII *INCORPORATOR*

The name and address of the Incorporator is:

Errol Elliott 7508 Pembroke Rd. Miramar, Fl 33023

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

Date

Date

Signature/Incorporator