

PO2 000028189

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

SUBJECT: International Life Health Service of Sarasota County, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

700005100107--4
-03/13/02--01061--016
*****78.75 *****78.75

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: James W Crain Jr.
Name (Printed or typed)

2477 Stralings Pl Rd Suite 315B
Address

Sarasota FL 34231
City, State & Zip

(941) 924-2764
Daytime Telephone number

FILED
02 MAR 13 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

788
3/13/02

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: International Life Health Services of Sarasota Inc.

James W Cram

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2477 Strchny Pt Rd Suite 315B
Sarasota FLA 34231

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: an insurance agency

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

James W Cram Sr 100% owner
President

ARTICLE VI REGISTERED AGENT

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

James W Cram Sr
2477 Strchny Pt Rd Suite 315B
Sarasota FL 34231

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

James W Cram Sr
2477 Strchny Pt Rd #315B
Sarasota FL 34231

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

Signature/Incorporator

Date

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 MAR 13 PM 1:30

FILED