

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	<i>⊋ #</i>)
PICK-UP	☐ WAIT	MAIL
(Ві	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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	Office Use Onl	



11/18/02--01048--002 **87.50



TRANSMITTAL LETTER

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

SUBJECT:	(PROPOSED CORPORA	T nsure te name-must inclu	ance Inc ude 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 ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status			
FROM:	Jeff rev Name (IP	rinted or typed) Joseph Son X 16220 Chaddress	7			
	Altamonte City.	Springs, f	FL 32716			

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

The name of the corporation shall be: 1000	Mance, Pricis
ARTICLE II PRINCIPAL OFFICE	
The principal place of business/mailing address is: 150 North	Westmonte Drive
Mailing address: Altamonte P.O. Box 162207	Springs, FL 3271
V.O KAX 16 220 /	, ,
Altamonte Springs, FL 327/6 ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	
To sell insurance and se	rvice accounts,
ARTICLE IV SHARES	<u>-</u>
The number of shares of stock is: \setminus , 000	
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): ARTICLE VI REGISTERED AGENT	-
The name and Florida street address of the registered agent is:	-
Jeffrey B. Lagos 150 North Westmonte Altamonte Springs, F	<u> </u>
150 North Westmonte	Drive
Altamonte Springs, F	1 32/16-2201
ARTICLE VII INCORPORATOR	
The name and address of the Incompetents	
Jeffrey B. Lagos 150 North Westmonte	
IEN North Westmonte	
730 700 011 4000	DUNE
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ARTICLES OF INCORPORATION

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