

P03000005070

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

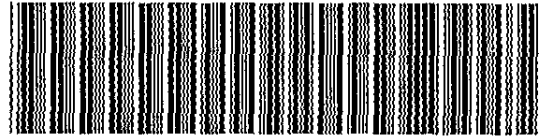
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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QB 1/15

TRANSMITTAL LETTER

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

SUBJECT: Nationwide Insurance Solutions, 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: Paul C. Kupfrian
Name (Printed or typed)

300 Corporate Center Way #103
Address

Wellington FL 33414
City, State & Zip

561-333-1066
Daytime Telephone number

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

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:

Nationwide Insurance Solutions, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1300 Corporate Centerway #103
Wellington, FL 33414

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Healthcare Savings Plans

ARTICLE IV SHARES

The number of shares of stock is:

3,000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Paul C. Kupfrian, P/T
1901 Shower Tree Way
Wellington, FL 33414

Mark R. Hutt, VP
8246 Coughden Rd
Clay, NY 13041

Sylvia Hare, Sec.
14316 77th Lane N.
Loxahatchee, FL 3347

ARTICLE VI REGISTERED AGENT

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

Paul C. Kupfrian
1901 Shower Tree Way
Wellington, FL 33414

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Paul C. Kupfrian
1901 Shower Tree Way
Wellington FL 33414

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

Paul C. Kupfrian
Signature/Registered Agent

1-2-03
Date

Paul C. Kupfrian
Signature/Incorporator

1-2-03
Date

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03 JAN 13 AM 11:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA