

P030000/9833

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

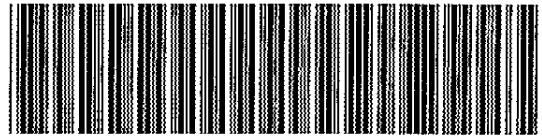
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

✓

[Handwritten signature]

TRANSMITTAL LETTER

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

SUBJECT: LJS Insurance Group, 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: Lori Sousa
Name (Printed or typed)

6933 Blue Skies Drive
Address

Lake Worth, FL 33463
City, State & Zip

561-441-4833
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:

LJS Insurance Group, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

6933 Blue Skies Drive
Lake Worth, FL 33463

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Insurance Agency

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Lori Sousa
6933 Blue Skies Drive
Lake Worth, FL 33463

ARTICLE VI REGISTERED AGENT

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

Lori Sousa
6933 Blue Skies Drive
Lake Worth, FL 33463

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Lori Sousa
6933 Blue Skies Drive
Lake Worth, FL 33463

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

2/13/03
Date

Signature/Incorporator

2/13/03
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA