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03 MAR 10 PM 3:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## TRANSMITTAL LETTER

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

SUBJECT: Cynthia Kertel Insurance Services, 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: Cynthia Kertel  
Name (Printed or typed)

4609 East Lake Circle  
Address

Sarasota, Florida 34232  
City, State & Zip

941-371-2527  
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)

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**ARTICLE I NAME**

The name of the corporation shall be:

Cynthia Keitel Insurance Services, Inc.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is: -

4609 East Lake Circle  
Sarasota, Florida 34232

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Sale of Insurance Products + Services

**ARTICLE IV SHARES**

The number of shares of stock is:

100.

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s) and address(es):

Cynthia Keitel, President  
4609 East Lake Circle  
Sarasota, Florida 34232

**ARTICLE VI REGISTERED AGENT**

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

Cynthia Keitel  
4609 East Lake Circle  
Sarasota, Florida 34232

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Cynthia Keitel  
4609 East Lake Circle  
Sarasota, Florida 34232

\*\*\*\*\*  
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

Date

Signature/Incorporator

Date