

PO3000037628

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

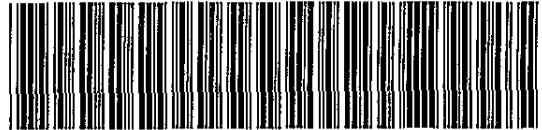
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

4/3

## TRANSMITTAL LETTER

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

SUBJECT: K.E.L. INSURANCE SERVICES, INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: C. CHAD CRONON, ESQ.  
Name (Printed or typed)

733 W. COLONIAL DRIVE  
Address

ORLANDO, FLORIDA 32804  
City, State & Zip

407-481-2535  
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:

K.E.L. INSURANCE SERVICES, INC.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

733 W. COLONIAL DRIVE  
ORLANDO, FLORIDA 32804

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL PURPOSES

### ARTICLE IV SHARES

The number of shares of stock is:

99 (NINETY-NINE)

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

The name(s), address(es) and title(s):

CRAIG R. LYND, 733 W COLONIAL DR., ORLANDO, FL 32804 - PRESIDENT  
JEFFREY S. KAUFMAN, 733 W COLONIAL DR., ORLANDO, FL 32804 - PRESIDENT  
MATTHEW S. ENGLETT, 733 W COLONIAL DR., ORLAND, FL 32804 - PRESIDENT

### ARTICLE VI REGISTERED AGENT

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

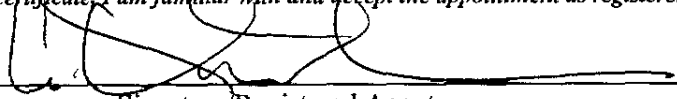
C. CHAD CRONON, 733 W COLONIAL DR., ORLANDO, FL 32804

### ARTICLE VII INCORPORATOR

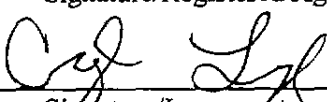
The name and address of the Incorporator is:

CRAIG R. LYND, 733 W COLONIAL DR., ORLANDO, FL 32804

\*\*\*\*\*  
*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

3/26/03  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

3/26/03  
\_\_\_\_\_  
Date

03 MAR 28 PM 12:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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