

P03000043996

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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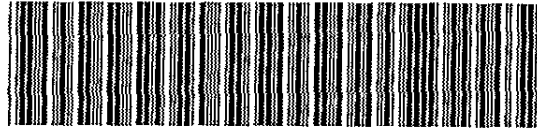
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
ALABAMA

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TRANSMITTAL LETTER

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

SUBJECT: FAMILY Health Insurance Services, Corp.
(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: BARBARA D'ANGELO
Name (Printed or typed)

6510-1ST AVE. SOUTH
Address

ST. PETERSBURG, FL. 33707
City, State & Zip

(727) 345-1486
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:

FAMILY Health Insurance Services, Corp.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

6510-1ST AVE. SOUTH
ST. PETERSBURG, FL. 33707

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

INSURANCE SALES

ARTICLE IV SHARES

The number of shares of stock is:

1,000,000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

BARBARA D'ANGELO - PRESIDENT
6510-1ST AVE. SOUTH
ST. PETERSBURG, FL. 33707

ARTICLE VI REGISTERED AGENT

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

BARBARA D'ANGELO
6510-1ST AVE. SOUTH
ST. PETERSBURG, FL. 33707

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

BARBARA D'ANGELO
6510-1ST AVE. SOUTH
ST. PETERSBURG, FL. 33707

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

Barbara D'Angelo
Signature/Registered Agent

4/14/03
Date

Barbara D'Angelo
Signature/Incorporator

4/14/03
Date

FILED
03 APR 17 AM 8:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA