

P03000052139

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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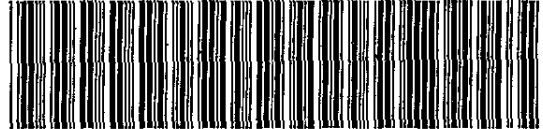
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
03 MAY -5 PM 2:46
SEC. OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: INNOVATIVE 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:

GEORGE ~~W~~ CORTAZAR

Name (Printed or typed)

1900 G.W. 133 AVE

Address

MIRAMAR, FL. 33027

City, State & Zip

954-442-2483

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:

Innovative Insurance Services, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1900 SW 133 Ave
Miramar, FL 33027

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

For the purpose of marketing insurance products

ARTICLE IV SHARES

The number of shares of stock is:

500

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

George Cortazar	Anna Cortazar
1900 SW 133 Ave	1900 SW 133 Ave
Miramar, FL 33027	Miramar, FL 33027

ARTICLE VI REGISTERED AGENT

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

George Cortazar
1900 SW 133 Ave
Miramar, FL 33027

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

George Cortazar
1900 SW 133 Ave
Miramar, FL 33027


Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I do hereby with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

5-2-03

Date



Signature/Incorporator

5-2-03

Date

FILED
03 MAY -5 PM 2:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA