

P93000059381

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

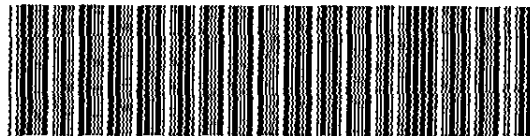
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TRANSMITTAL LETTER

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

SUBJECT: Insurance Office of Pine Hills, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Jason C. Guerrettaz
Name (Printed or typed)

10895 Grandview Drive, Suite 250
Address

Overland Park, Kansas 66210
City, State & Zip

913-661-0123
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:

Insurance Office of Pine Hills, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

902 North Pine Hills, Orlando, Florida 32808

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Insurance and Financial Services

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

Charles Coffey
9838 Old Baymeadows Road, #348
Jacksonville, Florida 32256
President

ARTICLE VI REGISTERED AGENT

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

CT Corporation Systems
1200 South Pine Island Road
Plantation, Florida 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Jason C. Guerrettaz
10895 Grandview Drive, Suite 250
Overland Park, Kansas 66210

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

SEE ATTACHMENT

Signature/Registered Agent

Date

Jason C. Guerrettaz
Signature/Incorporator

May 17, 2003

Date

CT CORPORATION SYSTEM

May 19, 2003

Jason Guerrettaz
Brocke Corporation
10895 Grandview Dr., Ste. 250
Overland Park, KS 66210

Re: Insurance Office of Pine Hills, Inc.
(FL Domestic)

Dear Mr. Guerrettaz:

It is our understanding that you will be appointing CT as process agent for the above-named company in the state(s) listed below. The name and address of the registered agent(s) and office(s) and special filing requirements, if any, are as follows:

State(s)	Registered Agent/Office	Special Requirements
Florida	C T Corporation System 1200 South Pine Island Road Plantation, FL 33324	Consent

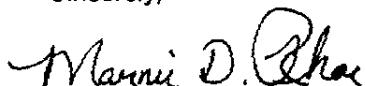
As required by statute, our consent to serve as registered agent for the state(s) listed above is enclosed.

Once the filing evidence has been received, please forward a copy to me at the address below, along with a check in the amount of \$280.00, per state, for the first year's representation.

If you have any questions, or if we can be of additional service, please do not hesitate to contact us.

Thank you for using CT!

Sincerely,



Marnie D. Rhæ
Customer Specialist

120 South Central Avenue, Suite 400
Clayton, MO 63105
Tel. 314 863 1119
Fax 314 863 0794

ACCEPTANCE OF APPOINTMENT

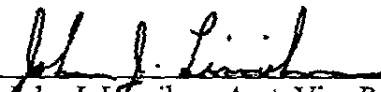
RE: **Insurance Office of Pine Hills, Inc.**

CT Corporation System
1200 S. Pine Island Rd.
Plantation, FL 33324

Pursuant to Sections 48.091 and 607.0501, Florida Statutes, the undersigned acknowledges and accepts its appointment as registered agent of the above corporation and agrees to act in the capacity and to comply with the provisions of the Florida Business Corporation Act (1990) relative to keeping open the registered office at the address specified above. The undersigned is familiar with, and accepts the obligations of, Section 607.0505, Florida Statutes.

Dated: May 19, 2003

C T CORPORATION SYSTEM

By 
John J. Linnihan, Asst. Vice President



May 20, 2003

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

Dear sir or madam:

Please find attached a check in the amount of \$70 along with a Transmittal and Articles for the incorporation of Insurance Office of Pine Hills, Inc. Please direct all correspondence, if any is needed, to my direction.

Very truly yours,

Jason C. Guerrettaz
Counsel



Jason C. Guerrettaz
Counsel

10895 Grandview Drive • Ste 250 • Overland Park, KS 66210
P.O. Box 412008 • Kansas City, MO 64141-2008
(913) 661-0123 • Fax: (913) 451-3183
Email: guerj@brookecorp.com

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