

P03000093568

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

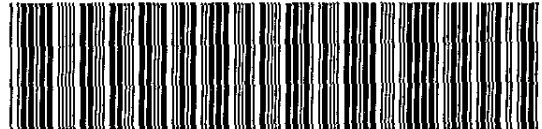
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300022350803

06/22/03--01032--009 **78.75

FILED
03 AUG 22 PM 4:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

✓

481

TRANSMITTAL LETTER

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

SUBJECT: EMPLOYERS PREMIER INSURANCE COMPANY II
(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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: MELINDA E. GREEN

Name (Printed or typed)

6463 AMBERJACK TERRACE

Address

MARGATE, FL 33063

City, State & Zip

(954) 974-3682

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:

EMPLOYERS PREMIER INSURANCE COMPANY

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2290 10TH AVENUE NORTH, SUITE 302
LAKE WORTH, FL 33461

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Insurance Services

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Brian S. Fischer, Esq.	President	Same address as corporation
Richard Berman, Esq.	Secretary	4300 North University Drive, Ste D200, Lauderhill, FL 33351
Stanley Nariker, Esq.	Vice President	1803 Australian Ave., Suite, Ste A, West Palm Beach, FL 33409
Jerry Goodmark, Esq.	Treasurer	400 Executive Center Drive, Ste 110, West Palm Beach, FL 33401

ARTICLE VI REGISTERED AGENT

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

Michael Camilleri, Preferred Insurance Capitol Consultants, LLC at 2101 Corporate Blvd, Suite 415, Boca Raton, FL 33496

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

Brian S. Fischer, Esq.
Richard Berman, Esq.
Stanley Nariker, Esq.
Jerry Goodmark, Esq.

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

X 
Signature/Registered Agent

7/22/03
Date


Signature/Incorporator

8/11/03
Date

FILED
03 AUG 22 PM 4:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA