

PO3000/50038

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

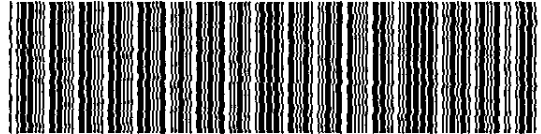
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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TRANSMITTAL LETTER

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

SUBJECT: COMPREHENSIVE INSURANCE ASSOCIATES, I  
(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: SALVADOR Coppola  
Name (Printed or typed)

12921 SW 79 st.  
Address

MIAMI, FLORIDA 33183  
City, State & Zip

(305) 607-5091  
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles

STATE  
TALLAHASSEE, FLORIDA

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RECEIVED

W-25967



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

December 2, 2003

SALVADOR COPPOLA  
12921 SW 79 ST  
MIAMI, FL 33183

SUBJECT: COMPREHENSIVE INSURANCE ASSOCIATES, INC.  
Ref. Number: W03000035967

We have received your document for COMPREHENSIVE INSURANCE ASSOCIATES, INC.. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$78.75. Your document will be retained in our pending file.

If you have any further questions concerning your document, please call (850) 245-6919.

Beth Register  
Document Specialist Supervisor  
New Filings Section

Letter Number: 503A00064679

# 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:

COMPREHENSIVE INSURANCE ASSOCIATES, INC

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

12921 S.W 79 STREET  
MIAMI, Florida 33183

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO PROVIDE INSURANCE PLANS AND BENEFITS TO ELIGIBLE PERSONS. PLANS INCLUDED BUT NOT LIMITED TO LIFE, HEALTH, LIABILITY AND ANNUITIES.

## ARTICLE IV SHARES

The number of shares of stock is:

100

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

SALVADOR Coppola; 12921 SW 79 st., MIAMI, FL 33183 - PRESIDENT  
GLAUX Coppola; 12921 SW 79 st., MIAMI, FL 33183 - VICE PRESIDENT  
PAOLA Coppola; 12921 SW 79 st., MIAMI, FL 33183 - TREASURER  
MARCELLO Coppola; 12921 SW 79 st., MIAMI, FL 33183 - SECRETARY

## ARTICLE VI REGISTERED AGENT

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

JENNA BERTAN, 5102 SW 72 ave.  
MIAMI, FL 33172

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

SALVADOR Coppola, 12921 SW 79 st.  
MIAMI, FL 33183

\*\*\*\*\*  
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

Jenna Bertan

Signature/Registered Agent

11/18/03

Date

S. Coppola

Signature/Incorporator

11/18/03

Date

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