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SECRETARY OF STATE OF STATE OF COMPORATIONS

15,3364

TRANSMITTAL LETTER

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

SUBJECT: PEOPLE'S HEALTH INSURANCE, INC.
(PROPOSED CORPORATE NAME-MUST INCLUDE SUFFIX)

Enclosed are an orig	rinal and one (1) copy of the artic	cles of incorporation and	a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM:	DENNIS C. S. Name (542 OLD OA	(Printed or typed)	
	PALM HARBOT	Address	34683

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)	9 5
ARTICLE I NAME	1510 1510 1513 1510 1510 1510 1510 1510
The name of the corporation shall be:	
PEOPLES HEALTH INSURANCE INC.	# 5 00 00 00 00 00 00 00 00 00 00 00 00 0
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	STATE PRATIC
542 OLD OAK CIRCLE PALM HARBOR, FL. 34683	ONS -
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	
SALE & SERVICE OF INDIVIDUAL LIFE, HEALTH, & GROUP EMP	XOJEE BENEFIT
ARTICLE IV SHARES	•
The number of shares of stock is:	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	
List name(s), address(es) and specific title(s):	,
PRESIDENT / TREASURER; DENNIS C. STONE; 542 OLD OAK CIRCLE; KA	em HARROR FR
VICE-TRESIDENT/SECRETARY; SHELLY A. STONE; 542 OLD CAK CIRCLE	J PALM HARBOR
ARTICLE VI REGISTERED AGENT	FL. 34683
The name and Florida street address of the registered agent is:	
DENNIS C. STONE - 542 OLD OAK CIRCLE PALM HARBOR, FO	2.34683
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	
DENNIS C. STONE - 542 OD OAK CIRCLE PALM HARBOR, FL.	34683
*******************************	*****
Having been named as registered agent to accept service of process for the above stated corporation at the place de derificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity	signated in this
(a) - D (A-	,
Signature/Registered Agent Date	<u> </u>
Uleun (Sland 01/09/04	<u> </u>
Signature/Incorporator / Date	