

P040000099704

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

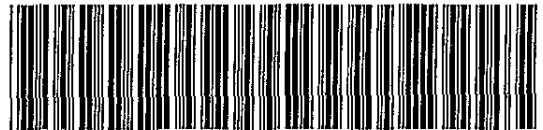
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200038310112

07/01/04--01013--016 **87.50

FILED
AND
04 JUL - 1 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: HORVATH 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: D. CHARLES HORVATH
Name (Printed or typed)

2202 SILVER RE DR.
Address

LAKE LAND, FL 33810
City, State & Zip

(860) 660-7611
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: **HORVATH INSURANCE SERVICES, INC.**

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: **2202 SILVER RE DR
LAKE LAND, FL 33810**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **SALES OF INSURANCE
PRODUCTS**

ARTICLE IV SHARES

The number of shares of stock is: **ONE HUNDRED (100)**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

**D. CHARLES HORVATH
2202 SILVER RE DR
LAKE LAND, FL 33810**

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

**D. CHARLES HORVATH
2202 SILVER RE DR.
LAKE LAND, FL 33810**

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

**D. CHARLES HORVATH
2202 SILVER RE DR.
LAKE LAND, FL 33810**

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



Signature/Registered Agent

6.29.2004
Date



Signature/Incorporator

6.29.2004
Date

AND
FILED
04 JUL -1 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA