

PD4000120973

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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08/20/04--01023--006 **78.75

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✓
8/20/04

TRANSMITTAL LETTER

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

SUBJECT: EXPEDIENT INSURANCE GROUP, 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: FRANK CIRISANO
Name (Printed or typed)

20800 NE 30TH PLACE
Address

AVENTURA, FL 33180
City, State & Zip

305-792-4834
Daytime Telephone number

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

**EXPEDIENT INSURANCE GROUP, INC.
ARTICLES OF INCORPORATION**

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Article I NAME

The name of the corporation shall be:
EXPEDIENT INSURANCE GROUP, INC.

Article II PRINCIPAL OFFICE

The principal place of business/mailling address is:
20800 NE 30th Place
Aventura, FL 33180

Article III SHARES

The number of shares of stock that this corporation is authorized to have is:
10,000 shares

Article IV INITIAL OFFICERS AND/OR DIRECTORS

Frank Cirisano Director, President, Secretary and Treasurer
20800 NE 30th Place
Aventura, FL 33180

Article V REGISTERED AGENT

The name and Florida street address of the registered agent is:
Frank Cirisano
20800 NE 30th Place
Aventura, FL 33180

ARTICLE VI INCORPORATOR

The name and address of the Incorporator is:
Frank Cirisano
20800 NE 30th Place
Aventura, FL 33180

.....
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



Date



Signature/Incorporator



Date