

PU500060342

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4/25/05

TRANSMITTAL LETTER

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

SUBJECT: Virtual Insurance Administration 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: James Kavanagh

Name (Printed or typed)

700 W. Granada Blvd., #104

Address

Ormond Beach, FL 32174

City, State & Zip

(386) 673-1919

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)

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05 APR 21 PM 2:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Virtual Insurance Administration Services, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

700 W. Granada Boulevard, #104, Ormond Beach, FL 32714

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The transaction of any or all lawful purposes for which corporations may be incorporated under Florida law.

ARTICLE IV SHARES

The number of shares of stock is:

1,000 common shares; \$1.00 par value.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

ARTICLE VI REGISTERED AGENT

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

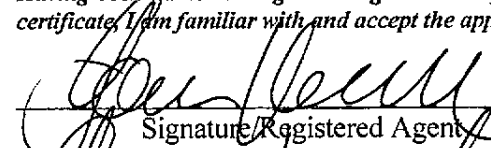
James Kavanagh
20 Talaquah Boulevard
Ormond Beach, FL 32174

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

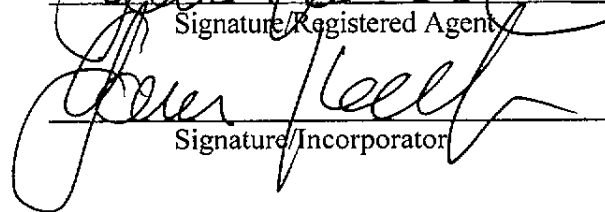
James Kavanagh
20 Talaquah Boulevard
Ormond Beach, FL 32174

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