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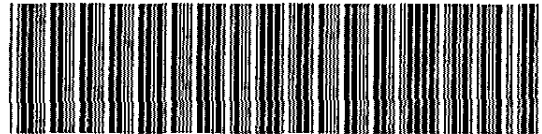
(Business Entity Name)

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FILED
05 APR 28 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: FAMILY INSURANCE SOLUTIONS 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: Evelyn Rodriguez
Name (Printed or typed)

1410 N.E. 3rd Ave

Address

Cape Coral, FL. 33909

City, State & Zip

(239) 699-0828

Daytime Telephone number

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

ARTICLES OF INCORPORATION of FAMILY INSURANCE SOLUTIONS, INC.

ARTICLE I

CORPORATION NAME

The name of the Corporation shall be: **FAMILY INSURANCE SOLUTIONS, INC.**

ARTICLE II

PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS

The principal place of business/ mailing address is: **13240 NORTH CLEVELAND AVE STE 7
NORTH FT. MYERS, FL 33903**

ARTICLE III

PURPOSE AND NATURE OF BUSINESS

The purpose or general nature of business to be transacted by this Corporation is to engage in any and all business permitted under the laws of the State of Florida.

ARTICLE IV

AUTHORIZED CAPITAL STOCK

The maximum number of shares of stock that this Corporation is authorized to issue and have outstanding at any one time is **100** shares of common stock (having a par value of \$1.00 per share)

ARTICLE V

TERM OF EXISTENCE

This corporation shall have perpetual existence, commencing **APRIL 25, 2005**

ARTICLE VI

INITIAL OFFICERS AND/OR DIRECTORS

JACK QUINTANA- PRESIDENT

13240 NORTH CLEVELAND AVE STE 7 NORTH FT. MYERS, FL 33903

ARTICLE VII

Board of Directors

The Board of Directors from time to time may move the registered office to any other address in the State of Florida. This Corporation shall have **ONE** director initially. The number of directors may be increased or diminished from time to time by the Bylaws, but shall never be less than one.

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TALLAHASSEE, FLORIDA

**ARTICLE VIII
REGISTERED AGENT**

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

**JACK QUINTANA 13240 NORTH CLEVELAND AVE STE. 7 NORTH FT. MYERS, FL
33903**

**ARTICLE IX
INCORPORATOR**

The name and address of the Incorporator is:

**JACK QUINTANA 13240 NORTH CLEVELAND AVE STE. 7 NORTH FT. MYERS, FL
33903**

**ARTICLE X
AMENDMENT**

The Articles of Incorporation may be amended in the manner provided by law. Every amendment shall be approved by the Board of Directors proposed by them to the stockholders and approved by the stockholders meeting at least a majority of the stock entitled to vote unless all of the Directors and all of the stockholders sign a written statement manifesting their intention that a certain amendment of these Articles of Incorporation be made

IN WITNESS THEREOF, the undersigned incorporator has executed these Articles of Incorporation for the Florida Corporation FAMILY INSURANCE SOLUTIONS INC. on this, the 25TH day of APRIL, 2005



JACK QUINTANA

STATE OF FLORIDA]

] SS: 595-49-0656

COUNTY OF LEE]

BEFORE ME, a Notary Public, personally appeared **JACK QUINTANA**, who is personally know to me to be the person describes a s Incorporator and who executed the foregoing Article of Incorporation, and acknowledge before me that they subscribed to the Article of Incorporation on **APRIL 01, 2005**.



Notary Public



SONIA EVELYN RODRIGUEZ
MY COMMISSION # **DQ 137672**
EXPIRES: August 23, 2006
Bonded thru Budget Notary Services

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

The name of the Corporation is: **FAMILY INSURANCE SOLUTIONS INC..**

Name and address of the registered agent and the office is :

**JACK QUINTANA 13240 NORTH CLEVELAND AVE STE. 7 NORTH FT. MYERS, FL
33903**

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 and obligations as registered agent and agree to act in this capacity.

the 25TH day of APRIL 2005.



JACK QUINTANA

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TALLAHASSEE, FLORIDA