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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 JUL 21 2005
T. Burch

TRANSMITTAL LETTER

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

SUBJECT: ARTICLES OF DOMESTICATION

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

FEES:

Certificate of Domestication	\$50.00
Articles of Incorporation and Certified Copy	<u>\$78.75</u>
Total to domesticate and file	\$128.75

OPTIONAL:

Certificate of Status	\$ 8.75
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FROM: CARL T. WATKINS

Name (printed or typed)

5103 MEMORIAL HIGHWAY

Address

TAMPA, FL 33634

City, State & Zip

813-884-7245

Daytime Telephone Number

CERTIFICATE OF DOMESTICATION

The undersigned, JACK SENSALÉ, PRESIDENT,
(Name) (Title)

of INSURANCE BENEFIT PLANNERS, INC. a foreign corporation,
(Corporation Name)

in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was JULY 30, 2001.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was LOUISIANA.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was INSURANCE BENEFIT PLANNERS, INC..
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is INSURANCE BENEFIT PLANNERS, INC.
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was LOUISIANA.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am JACK SENSALÉ, of INSURANCE BENEFIT PLANNERS, INC.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 28TH day of JANUARY, 2005.


(Authorized Signature)

Filing Fee:	
Certificate of Domestication	\$50.00
Articles of Incorporation and Certified Copy	\$78.75
Total to domesticate and file	\$128.75

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TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:
INSURANCE BENEFIT PLANNERS, INC.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:
27282 HICKORY HILL ROAD
BROOKSVILLE, FL 34602

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:
ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS:
100

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:
JACK SENSALÉ
27282 HICKORY HILL ROAD
BROOKSVILLE, FL 34602

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

THE **NAME AND FLORIDA STREET ADDRESS** (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

CARL T. WATKINS, CPA
5103 MEMORIAL HIGHWAY
TAMPA, FL 33634

ARTICLE VII INCORPORATOR

THE **NAME AND ADDRESS** OF THE INCORPORATOR IS:

JACK SENSALÉ
27282 HICKORY HILL ROAD
BROOKSVILLE, FL 34602

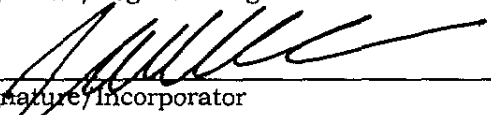
HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE
STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I AM FAMILIAR WITH AND
ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.



Signature/Registered Agent

01/28/2005

Date



Signature/Incorporator

01/28/2005

Date

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TALLAHASSEE, FLORIDA