

P05000113617

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08-15/05-01037--022 **78.75

FILED
05 AUG 15 PM 2:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8/16/05
BWK

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

SUBJECT : CAPE CORAL INSURANCE CENTER, INC.

(Proposed corporate name -must include suffix)

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

\$78.75 Filing fee and Certificate

FROM : PATRICIA SLEICHER
(Name)

643 CAPE CORAL PARKWAY E., SUITE C
(Address)

CAPE CORAL, FLORIDA 33904
(City, State & Zip)

239 549 6255
Daytime Telephone number

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

ARTICLES OF INCORPORATION

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The undersigned incorporator(s) for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

SECRET
STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be : CAPE CORAL INSURANCE CENTER, INC.

ARTICLE II PRINCIPAL OFFICE

The principle place of business and mailing address of this corporation shall be:

643 CAPE CORAL PARKWAY E, SUITE C
CAPE CORAL, FL 33904

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

PATRICIA SLEICHER
643 CAPE CORAL PARKWAY, E, SUITE C
CAPE CORAL, FLORIDA 33904

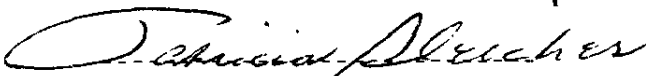
ARTICLE V INCORPORATOR(S)

See Instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of the Incorporation is (are) :

PATRICIA SLEICHER
643 CAPE CORAL PARKWAY E, SUITE C
CAPE CORAL, FLORIDA 33904

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this :
10th day of August, 2005
(An additional article must be added if an effective date is requested)


Signature

Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF

REGISTERED AGENT/REGISTERED OFFICE

FILED

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.

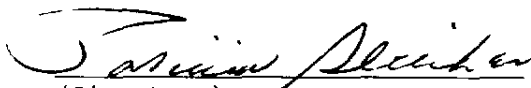
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of the corporation is: CAPE CORAL INSURANCE CENTER, INC.

2. The name and address of the registered agent and office is:

PATRICIA SLEICHER
643 CAPE CORAL PARKWAY E, SUITE C
CAPE CORAL, FLORIDA 33904

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 hereby accept the appointment as registered agent and
agree to act in this capacity. I further agree to comply with the
provisions of all statutes relating to the proper and complete
performance of my duties, and I am familiar with and accept the
obligations of my position as registered agent.


(Signature)


Date

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

TRANSMITTAL LETTER