

PD5000153509

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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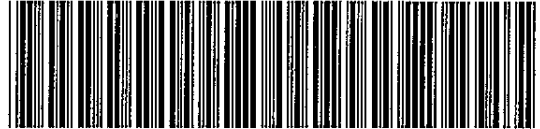
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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11/17/05--01010--014 \*\*78.75

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
05 NOV 17 PM 3:38

MRS  
11/18

## COVER LETTER

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

SUBJECT: Victory Life and Health Insurance Agency, 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      ☒ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status  
**ADDITIONAL COPY REQUIRED**

FROM: James E. Rachel

Name (Printed or typed)

318 S. Scenic Hwy Suite 103

Address

Lake Wales, FL 33853

City, State & Zip

863-679-3234

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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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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### ARTICLE I NAME

The name of the corporation shall be:

Victory Life and Health Insurance Agency, Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

318 S. Scenic Hwy Suite 103 Lake Wales, FL 33853

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

all lawful business permitted under the laws of the State of Florida

### ARTICLE IV SHARES

The number of shares of stock is:

100

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

James E. Rachel President, Secretary, Treasurer  
318 S. Scenic Hwy Suite 103  
Lake Wales, FL 33853

### ARTICLE VI REGISTERED AGENT

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

James E. Rachel  
1020 Kentucky Street  
Haines City FL 33844

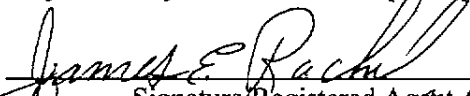
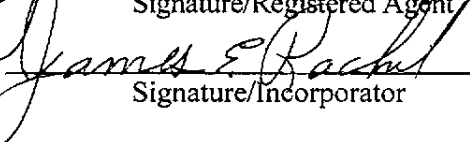
### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

James E. Rachel  
1020 Kentucky Street  
Haines City, FL 33844

\*\*\*\*\*

*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  
  
\_\_\_\_\_  
Signature/Incorporator

11/15/05  
Date

11/15/05  
Date