

P06000036021

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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DIVISION 10
06 MAR 10 AM 9:34

W06-7726



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 16, 2006

SCOTT BODIE
504 WYMORE RD.
WINTER PARK, FL 32789

SUBJECT: REST INSURED, INC.
Ref. Number: W06000007726

We have received your document for REST INSURED, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6972.

Doris Brown
Document Specialist
New Filing Section

Letter Number: 106A00011273

TRANSMITTAL LETTER

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

SUBJECT: REST INSURED, 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: SCOTT BODIE
Name (Printed or typed)

504 WYMORE RD.
Address

WINTER PARK, FL 32789
City, State & Zip

407-740-5592
Daytime Telephone number

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

SECRET
DIVISION
06 MAR 10 AM 9:34

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Rest Assured Insurance & Financial Services, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1969 S. Alafaya Trail
#330
Orlando, FL 32828-8732

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Corporation is a retail insurance outlet

ARTICLE IV SHARES

The number of shares of stock is:

10000 shares

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Joseph Panebianco - President
225 Crooked Stick Court
Orlando, FL 32828

ARTICLE VI REGISTERED AGENT

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

Joseph Panebianco
225 Crooked Stick Court
Orlando, FL 32828

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Joseph Panebianco
225 Crooked Stick Court
Orlando, FL 32828

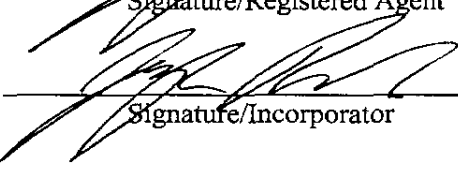
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

3-9-06

Date



Signature/Incorporator

3-9-06

Date