

P06000101328

(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 _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: Insurance USA of Boca 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: Nicole Marie Antini
Name (Printed or typed)

900 Worth Federal Hwy #100
Address

Boca Raton, FL 33432
City, State & Zip

561-361-8889
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)

ARTICLE I NAME

The name of the corporation shall be:

Insurance USA of Boca, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

900 North Federal Hwy #100
Boca Raton, FL 33432

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Insurance

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):

Nicole Antini - President
900 North Federal Hwy #100
Boca Raton, FL 33432

ARTICLE VI REGISTERED AGENT

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

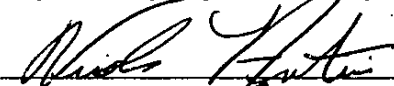
Nicole Antini
900 North Federal Hwy #100
Boca Raton, FL 33432

ARTICLE VII INCORPORATOR

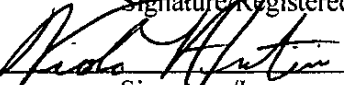
The name and address of the Incorporator is:

Nicole Antini
900 North Federal Hwy #100
Boca Raton, FL 33432

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

07/31/06

Date

07/31/06

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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