

PO7000042295

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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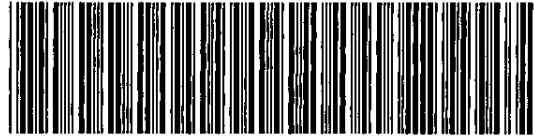
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Health Insurance Solutions , Corp.

(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: Annia M. Del Pozo

Name (Printed or typed)

18000 NW 68th Ave. Apt. 412

Address

Miami , FL. 33015

City, State & Zip

(786) 417 8349

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:

Health Insurance Solutions , Corp.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

807 SW 25th Ave. Suite 303A
Miami , FL. 33135

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Insurance Sale

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Annia M. Del Pozo.
18000 NW 68th Ave. Apt. 412
Miami, FL. 33015
PRESIDENT

ARTICLE VI REGISTERED AGENT

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

Annia M. Del Pozo
18000 NW 68th Ave. Apt. 412
Miami, FL. 33015

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Annia M. Del Pozo
18000 NW 68th Ave. Apt. 412
Miami, FL. 33015

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

Date

Date

FILED

07 APR -5 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA