

PO7000046810

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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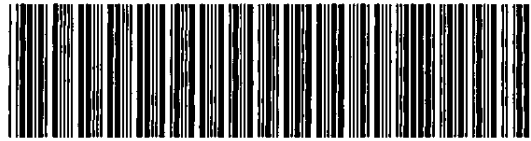
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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APPROVED
AND
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07 APR 16 AM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. McKnight APR 17 2007

COVER LETTER

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

SUBJECT: Sarasota Insurance Advisory, 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: John E. Helms, IV

Name (Printed or typed)

1990 Main St., Suite 750

Address

Sarasota, FL 34236

City, State & Zip

941-309-5163

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:

Sarasota Insurance Advisory, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1990 Main St. Ste 750 Sarasota, FL 34236

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Insurance advisory service

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):

John E. Helms, President

ARTICLE VI REGISTERED AGENT

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

John E. Helms
1990 Main St., Suite 750
Sarasota, FL 34236

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

John E. Helms
1990 Main St., Suite 750
Sarasota, FL 34236

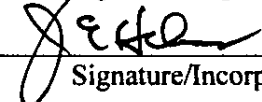
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

03/30/2007

Date



Signature/Incorporator

3/30/2007

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 APR 16 AM 11:32

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AND
FILED