

P07000113836

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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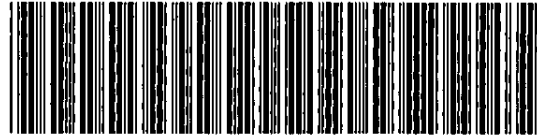
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pa

COVER LETTER

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

SUBJECT: THE KOBER INSURANCE TEAM, 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: KENNETH C. KOBER
Name (Printed or typed)

15205 HARBOUR ISLE DRIVE
Address

FORT MYERS, FLORIDA 33908
City, State & Zip

239/292-6944
Daytime Telephone number

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

CH #1059

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

Article 1: The name of the corporation shall be:
The Kober Insurance Team, Corp.

Article 2: Mailing Address and Principal Place of Business is:
15205 Harbour Isle Drive
Fort Myers, Florida 33908

Article 3: The purpose for which the corporation is organized is:
Perform the business of a brokerage for life insurance, health insurance, annuity and real estate sales.

Article 4: The number of shares of stock is:
Ten

Article 5: Initial Officers and/or Directors:
Kenneth Kober, President
15205 Harbour Isle Drive
Fort Myers, Florida 33908

Marge Kober, Sec/Tres
15205 Harbour Isle Drive
Fort Myers, Florida 33908

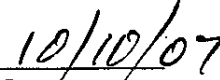
Article 6: The Registered Agent is:
Kenneth Kober
15205 Harbour Isle Drive
Fort Myers, Florida 33908

Article 7: The incorporator is:
Kenneth Kober
15205 Harbour Isle Drive
Fort Myers, Florida 33908

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 a registered agent and agree to act in this capacity:




Signature/Registered Agent



Date



Signature/Incorporator



Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA