

PO7000115526

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

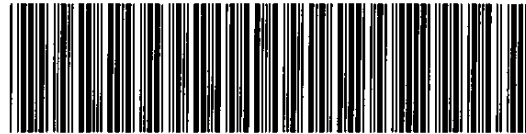
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

07 OCT 19 PM 4:36

APPROVED  
AND  
FILED

B. McKnight OCT 22 2007

## COVER LETTER

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

SUBJECT: ROYAL LIFE GROUP, 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: MURRAY J COHEN P.A.

Name (Printed or typed)

10330 CAMELBACK LANE

Address

BOCA RATON, FL. 33498

City, State & Zip

561-482-8682

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:

**ROYAL LIFE GROUP, INC.**

## **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

**117 A N.E. 5 AVENUE  
DELRAY BEACH, FL 33483**

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**SALE OF INSURANCE & INVESTMENTS**

## **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):

**FRANK X CID (PRES)  
7897 NW 62 TERRACE  
PARKLAND, FL 33067**

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TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

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

MURRAY J COHEN P.A.  
10330 CAMELBACK LANE  
BOCA RATON, FL 33498

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:


MURRAY COHEN  
10330 CAMELBACK LANE  
BOCA RATON, FL. 33498

\*\*\*\*\*

*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

10/15/07  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

10/15/07  
\_\_\_\_\_  
Date

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TALLAHASSEE, FLORIDA

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