

P07000128285

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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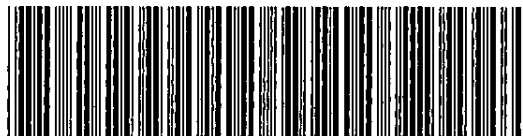
(Business Entity Name)

(Document Number)

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07 DEC - 3 PM 3:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

B. McKnight DEC 03 2007

COVER LETTER

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

SUBJECT: ADVANCED BENEFIT CONCEPTS, 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

PO CK # 4982

FROM: JOHN C. JONES
Name (Printed or typed)

2027 HAWAII AVE N.E.
Address

ST. PETERSBURG FL 33703
City, State & Zip

727-641-3585
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:

ADVANCED BENEFIT CONCEPTS, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2027 HAWAII AVE N.E.
ST. PETERSBURG FL 33703

Principal place of Business is:
9500 KOGER BLVD.
Suite 202
ST. PETERSBURG FL 33703

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO HAVE A LEGAL CORPORATION FOR A NEW
INSURANCE AGENCY.

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 C. JONES
2027 HAWAII AVE N.E.
ST. PETERSBURG FL 33703

PRESIDENT
SECRETARY
TREASURER

TOM TORGENSEN
545 PINELLAS BAYWAY #103
TIERRA VERDE FL 33715

Vice President

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
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ARTICLE VI REGISTERED AGENT

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

JOHN C. JONES
2027 HAWAII AVE NE.
ST. PETERSBURG FL 33703

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JOHN C. JONES
2027 HAWAII AVE NE.
ST. PETERSBURG FL 33703

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

John C. Jones
Signature/Registered Agent
John C. Jones
Signature/Incorporator

11-29-07
Date
11-29-07
Date

APPROVED
AND
FILED
07 DEC -3 PM 3:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA