

P08000007887

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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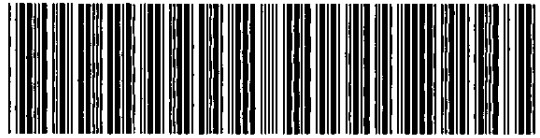
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 JAN 22 PM 2:20

APPROVED
AND
FILED

B. McKnight JAN 23 2008

TRANSMITTAL LETTER

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

SUNCOAST INTRANATIONAL INSURANCE INCORPORATED
SUBJECT: _____
(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

VICTOR M. VERDI C/O VERDI ASSOCIATES GROUP, INC.
FROM: _____

Name (Printed or typed)

312 E. VENICE AVENUE, STE 203

Address

VENICE, FLORIDA 34285

City, State & Zip

732-829-8397

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:

SUNCOAST INTRANATIONAL INSURANCE INCORPORATED

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2102 HILLVIEW STREET
SARASOTA, FLORIDA 34239

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

VARIOUS INSURANCE SERVICES

ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES (NO PAR)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

JOHN D. MUELLER-2102 HILLVIEW STREET, SARASOTA, FLORIDA 34239

ARTICLE VI REGISTERED AGENT

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

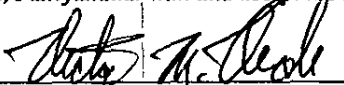
VICTOR M. VERDI C/O VERDI ASSOCIATES GROUP, INC.
312 E. VENICE AVENUE, STE 203, VENICE FL 34285

ARTICLE VII INCORPORATOR

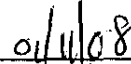
The name and address of the Incorporator is:

JOHN D. MUELLER-2102 HILLVIEW STREET-SARASOTA, FL 34239

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



Date



Signature/Incorporator



Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 JAN 22 PM 2:21

APPROVED
AND
FILED