

PD 8000034902

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

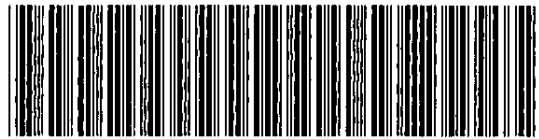
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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02/14/08--01020--014 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 APR -4 PM 2:55

EP 4/4/08

1208000008174

4/2/08



Correctors

RECEIVED

08 APR 08 AM 8:00

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 15, 2008

MICHELE AMROM
1203 FOSTERS MILL LANE
BOYNTON BEACH, FL 33436

SUBJECT: AMROM INSURANCE SERVICES, INC.
Ref. Number: W08000008174

We have received your document for AMROM INSURANCE SERVICES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have indicated in your document the ownership and percentages of the authorized shares. Please note this information is not required nor is it maintained by the Department of State. While we cannot require such, it is recommended that it be removed from the document. The only information needed for this filing is the number of authorized shares.

The document must state the number of shares of authorized stock.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6062.

Eula Peterson
Regulatory Specialist II
New Filing Section

Letter Number: 008A00009961

COVER LETTER

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

SUBJECT: Amrom Insurance Services, 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: Michele Amrom

Name (Printed or typed)

1203 Fosters Mill Lane

Address

Boynton Beach, FL 33436

City, State & Zip

561.308.0293

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:

Amrom Insurance Services, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1203 Fosters Mill Lane
Boynton Beach, Florida 33436

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Broker insurance products

ARTICLE IV SHARES

The number of shares of stock is:

~~100%~~ MA ¹⁰
(ten) MA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Michele Amrom /President
1203 Fosters Mill Lane
Boynton Beach, FL 33436

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ARTICLE VI REGISTERED AGENT

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

Michele Amrom
1203 Fosters Mill Lane
Boynton Beach, FL 33436

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Michele Amrom
1203 Fosters Mill Lane
Boynton Beach, FL 33436

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

Michele Amrom
Signature/Registered Agent

2/6/2008
Date

Michele Amrom
Signature/Incorporator

2/6/2008
Date

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