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OB APR 25 PM 4: 17
SECRETARY OF STATE



COVER LETTER

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

SUBJECT: Insurance Options	Direct .	·	·	
(P)	ROPOSED CORP	ORATE NAME – <u>MUST INC</u> I	LUDE SUFFIX)	
·	•	•		
Enclosed are an original and or	ne (1) copy of the	articles of incorporation and	l a check for:	
	,			
☐ \$70.00	75	\$78.75	\$87.50	
Filing Fee Filing F		Filing Fee	Filing Fee,	
& Certi	& Certificate of Status		Certified Copy	
			& Certificate of	
			Status	
		ADDITIONAL CO	DPY REQUIRED	
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	-	•	•	
FROM: Scott Brannelly				
	,	lame (Printed or typed)		
, 1510 18th Avenue North				
		Address		
St. Peterst	ourg, FL 33704			
		City, State & Zip		
	ļ	•		
(727) 723-	4008			
 		Daytime Telephone number		

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

OB APR 25 PM 4: 17 SECRETARY OF STATE FALLAHASSEE, FLORIDA

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:

Insurance Options Direct Inc

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

Location: 1510 18th Avenue North Saint Petersburg, FL 33704 Mailing: PO Box 7717 Saint Petersburg, FL 33734

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The Corporation is set up as an Independent Insurance Agency

ARTICLE IV SHARES

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):
Scott Brannelly 1510 18th Avenue North St. Petersburg, FL 33704 President

ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box **NOT** acceptable) of the registered agent is: Scott Brannelly 1510 18th Avenue North St. Petersburg, FL 33704

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: Scott Brannelly 1510 18th Avenue North St. Petersburg, FL 33704

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

Signature/Incorporator

Date