

P08000049920

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

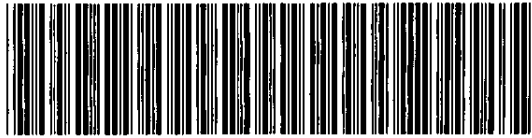
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/19/08--01025--003 **70.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 MAY 19 AM 8:44

SP 5/20

COVER LETTER

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

SUBJECT: CUSTOMIZED INSURANCE ASSOCIATES, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: MARC LAURIN

Name (Printed or typed)

304 Montana Ave.

Address

Nokomis, FL 34275

City, State & Zip

(941) 544-5925

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:

CUSTOMIZED INSURANCE ASSOCIATES, INC.

ARTICLE II PRINCIPAL OFFICE

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

304 Montana Ave., Nokomis, FL 34275

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Life Insurance Agent

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):

Marc Laurin, President	Lori Laurin, Vice President
304 Montana Ave.	304 Montana Ave.
Nokomis, FL 34275	Nokomis, FL 34275

ARTICLE VI REGISTERED AGENT

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

Marc Laurin
304 Montana Ave.
Nokomis, FL 34275

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Marc Laurin
304 Montana Ave.
Nokomis, FL 34275

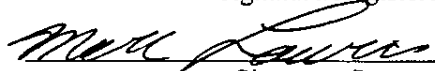
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



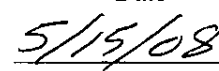
Signature/Registered Agent



Date



Signature/Incorporator



Date

FILED
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08 MAY 19 AM 8:44