

P08000099435

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W08-49385

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10/27/08--01022--010 **78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 NOV -6 PM 4:20

FILED

Burgh NOV 6 2008

COVER LETTER

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

SUBJECT: Florida Health Life Insurance Co
(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: Anthony V. Mennella
(Name (Printed or typed))

2002 S E Elmhurst Rd
Address

Port St Lucie FL 34952
City, State & Zip

772 398 7020
Daytime Telephone number

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

COASTAL BUREAU



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 28, 2008

ANTHONY V MENNELLA
2002 SE ELMHURST RD
PORT ST LUCIE, FL 34952

SUBJECT: FLORIDA HEALTH & LIFE INSURANCE CO
Ref. Number: W08000049385

RECEIVED
08 NOV -6 AM 8:00
DIVISION OF CORPORATIONS

We have received your document for FLORIDA HEALTH & LIFE INSURANCE CO 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 must list the corporation's principal street address and/or a mailing address in the document. A post office box is not acceptable for the principal address.

An effective date may be added to the Articles of Incorporation if a 2009 date is needed, otherwise the date of receipt will be the file date. A separate article must be added to the Articles of Incorporation for the effective date.

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) 245-6928.

Tim Burch
Regulatory Specialist II
New Filing Section

Letter Number: 408A00055363

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:

Florida Health & Life Insurance Co

ARTICLE II PRINCIPAL OFFICE

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

2002 S.E. Elmhurst Rd
Port St. Lucie, FL 34952

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

New business

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):

Anthony V. Mennella, Pres
2002 SE Elmhurst Rd
Port St Lucie, FL 34952

ARTICLE VI REGISTERED AGENT

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

Anthony V. Mennella
2002 SE Elmhurst Rd
Port St Lucie, FL 34952

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

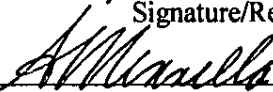
Anthony V. Mennella
2002 SE Elmhurst Rd
Port St Lucie, FL 34952

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

ANTHONY V. MENNELLA



Signature/Incorporator

ANTHONY V. MENNELLA

10/22/08

Date

10/22/08

Date

FILED
2008 NOV -6 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA