

2008-01-11

COVER LETTER

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

SUBJECT: FURMAN-TWINBROOK INSURANCE AGENCY, 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: Susan V. Reardon C.P.A.
Name (Printed or typed)

111 Willard Street

Address

Quincy, MA 02169

City, State & Zip

617-472-9434

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:

FURMAN-TWINBROOK INSURANCE AGENCY, INC.

ARTICLE II PRINCIPAL OFFICE

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

1314 E. Atlantic Blvd, Pompano Beach, FL 33060

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Insurance Agency

ARTICLE IV SHARES

The number of shares of stock is:

100,000 common, no par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Joseph P. Rizzo, 37 Otis Hill Rd., Hingham, MA 02043 - President, Treasurer & Director

John K. Furman, 1314 E. Atlantic Blvd., Pompano Beach FL 33060 - Secretary & Director

ARTICLE VI REGISTERED AGENT

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

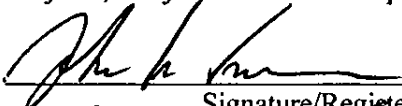
John K. Furman, 1314 E. Atlantic Blvd., Pompano Beach, FL 33060

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

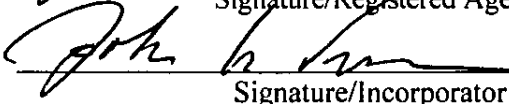
John K. Furman, 1314 E. Atlantic Blvd., Pompano Beach, FL 33060

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

10/20/2008
Date



Signature/Incorporator

10/20/2008
Date

FILED
2008 NOV 12 P 5:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA