

PO8000 109241

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

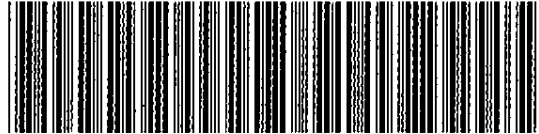
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

add effective date
12/18/08 Philip Curci

Office Use Only



900138743769

12/15/08--01062--006 **78.75

FILED
08 DEC 18 AM 9:55
CLERK OF COURT
CLERK OF COURT
CLERK OF COURT

DA

COVER LETTER

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

SUBJECT: INSURANCE PLANS, 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: Philip Curci
Name (Printed or typed)

910 S.E. 10th ST.
Address

Deerfield Beach, FL 33441
City, State & Zip

PC. 954 ~~425-2222~~ 954 254-5058
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 16, 2008

PHILIP CURCI
910 S.E. 10TH ST
DEERFIELD BEACH, FL 33441

SUBJECT: INSURANCE PLANS, INC.
Ref. Number: W08000055761

We have received your document for INSURANCE PLANS, 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):

Please complete Article(s) .

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) 245-6052.

Paisley A Alford
Clerk
New Filing Section

Letter Number: 608A00060627

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 PLANS, INC.

ARTICLE II PRINCIPAL OFFICE

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

910 S.E. 10th ST.
DEERFIELD BEACH, FL. 33441

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To set up a corporation to have for tax purposes

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):

PHILIP CURCI / ~~OFFICER~~ / OFFICER
910 S.E. DEERFIELD BEACH, FL. 33441

ARTICLE VI REGISTERED AGENT

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

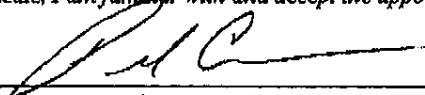
910 S.E. 10th ST. PHILIP CURCI
DEERFIELD BEACH, FL. 33441

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

PHILIP CURCI
910 S.E. 10th ST. DEERFIELD BEACH, FL. 33441

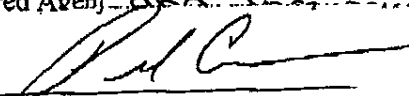
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

12/17/08

Date



Signature/Incorporator

Date

FILED
08 DEC 18 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA