

| (Requestor's Name) | | | | |
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| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
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| (Business Entity Name) | | | | |
| | | | | |
| (Document Number) | | | | |
| | | | | |
| Certified Copies Certificates of Status | | | | |
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| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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SECRETARY OF STATE ALLAHASSEE, FLORID

APPROYLS

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COVER LETTER

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

| Tananassee, FL 323 | 314 | | |
|----------------------|--|--|--|
| SUBJECT: BERS | HON & HOFFMANN INSURANCE | E, P.A. TE NAME – MUST INCL | UDE CUECIV |
| | (PROPOSED CORPORA | TE NAME – <u>MUST INCL</u> | UDE SUFFIX) |
| | | | |
| Enclosed are an orig | ginal and one (1) copy of the artic | cles of incorporation and | a check for: |
| \$70.00 Filing Fee | ☑ \$78.75 Filing Fee & Certificate of Status | ☐ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO | \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED |
| FROM: <u>Bu</u> | ırt L. Bershon | (Printed or typed) | |
| | Name | (trimed or typed) | |
| | 605 Waterside Way | Äddress | |
| | Sarasota, FL 34242 | State & Zip | |
| • | 941-914-6058 | elephone number | |
| | Davtime I | elennone numner | |

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

APPRUYEE AND FILED

"ARTICLES OF INCORPORATION 09 JAN -8 AM 7: 47

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

BERSHON & HOFFMANN INSURANCE, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal <u>street</u> address and mailing address, if different is: 605 WATERSIDE WAY SARASOTA, FL 34242

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The sale and service of life, health, disability, annuities, and long term care insurance.

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):

Burt L. Bershon, CLU, LUTC President

605 Waterside Way

Sarasota, FL 34242

Kenneth E. Hoffmann, Vice President

3019 Concord Rd.

Venice, FL 34293

ARTICLE VI REGISTERED AGENT

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

Burt L. Bershon, CLU, LUTCF 605 Waterside Way Sarasota, FL 34242

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Kenneth E. Hoffmann 3019 Concord Rd. Venice, FL 34293

| ************** | ********* |
|---|-----------------|
| Having been named as registered agent to accept service of process for the certificate, I am familiar with and accept the appointment as registered agent | |
| Bent L. Berston | January 6, 2009 |
| Signature/Registered Agent | Date |
| Lennett E. Hylmann | JONUARY 6, 2009 |
| Signature/Inggrporator | Date |