

PO9000007011

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

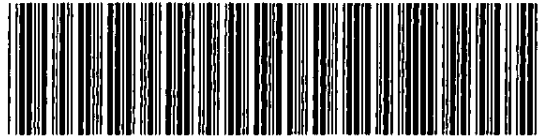
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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COVER LETTER

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

SUBJECT: Edison Insurance Services, 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: James Luccisano

Name (Printed or typed)

6325 Presidential Court Suite 1A

Address

Fort Myers, FL 33919

City, State & Zip

(239) 267-4042

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:

Edison Insurance Services, Inc.

ARTICLE II PRINCIPAL OFFICE

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

6325 Presidential Court Suite 1A Fort Myers, FL 33919

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Insurance Sales

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

James Luccisano P
James Luccisano V
James Luccisano S
James Luccisano T

ARTICLE VI REGISTERED AGENT

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

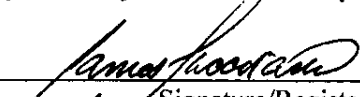
James Luccisano
6325 Presidential Court Suite 1A
Fort Myers, FL 33919

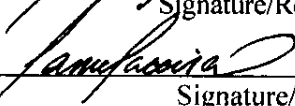
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

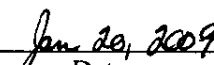
James Luccisano
6325 Presidential Court Suite 1A
Fort Myers, FL 33919

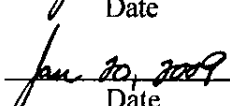
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent


Signature/Incorporator



Date


Date

FILED
09 JAN 22 AM 10:44
CLERK OF STATE
TALLAHASSEE, FLORIDA