

Florida Department of State

Division of Corporations
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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : HUBCO

Account Number : 104662003400 Phone : (516)935-3940

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FLORIDA PROFIT/NON PROFIT CORPORATION

Lynn Lovchuk Insurance Agency, Inc.

| Certificate of Status | 1 |
|-----------------------|---------|
| Certified Copy | 0 |
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MRD 4/20

4/17/2009

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ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Lynn Lovchuk Insurance Agency, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

Lynn Lovchuk Insurance Agency, Inc. 617 W. Lumsden Rd. Brandon, FL 33511

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 Shares at no Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and address of the initial registered agent is:

Diana Lynn Lovchuk 1009 Sago Palm Way Apollo Beach, FL 33572

Prepared By: Bruce B. Hubbard 77 East John St. Hicksville, New York 11801 1-518-935-9940 13 FOR 17 PM 12: 51

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ARTICLES V INITIAL OFFICER(S)/DIRECTOR(S)

The name(s) and street address(cs) and title(s) to these Articles of Incorporation is(are):

Diana Lynn Lovchuk - President/Director 1009 Sago Palm Way Apollo Beach, FL 33572

ARTICLES VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Diana Lynn Lovchuk 1009 Sago Palm Way Apollo Beach, FL 33572

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

16th day of April 2009.

Diana Lynn Loychuk - Signature

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

A CONTRACTOR OF THE PROPERTY O

| 1. The name of the corporation is: Lyn | n Lovchuk Insurance Agency, Inc. | |
|---|--|--|
| 2. The name and address of the registered a | gent and office is: | |
| | Diana Lynn Lovchuk | |
| | Name | |
| | 1009 Sago Palm Way | 一个人,一个人,一个人,一个人,一个人,一个人,一个人,一个人,一个人,一个人, |
| - | (P.O. Box or Mail Drop Box NOT Acceptable) | |
| | Apollo Beach, FL 33572 (City / State / Zip) | |

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.

Diana Lynn Lovehuk SIGNATURE April 16, 2009

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