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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

60-12-5
209

COVER LETTER

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

SUBJECT: Rossi 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Mary Ann Rossi

Name (Printed or typed)

14480 Halter Road

Address

Wellington, FL 33414

City, State & Zip

561 798-0299

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:

Rossi Insurance Agency, Inc.

ARTICLE II PRINCIPAL OFFICE

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

14480 Halter Road
Wellington, FL 33414

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Sell and service Insurance

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Mary Ann Rossi P/VP/ T/S

ARTICLE VI REGISTERED AGENT

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

Mary Ann Rossi
14480 Halter Road
Wellington, FL 33414

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Mary Ann Rossi
14480 Halter Rd
Wellington, FL 33414

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

Mary Ann Rossi
Signature/Registered Agent

4/16/09

Date

Mary Ann Rossi
Signature/Incorporator

4/16/09

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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