P09000059711

(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:

Office Use Only

W09000026800

000156497910

06/05/09--01036--010 **78.75

FILED
09 JUL 10 PM 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EP 7/14/09

RECEIVED
DEPARTMENT OF STATE
09 JUL 10 PM 2:59

FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 1, 2009

SVETLANA KOZIC
4920 CYPRESS TRACE DR.
TAMPA, FL 33624

SUBJECT: CICIBAN INSURANCE, INC.
Ref. Number: W09000026800

We have received your document for CICIBAN INSURANCE, 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):

You failed to make the correction(s) requested in our previous letter.

A corporation may not serve as its own registered agent. Please designate the individual whose typed signature appears on the registered agent signature line.

A corporation may not serve as its own incorporator. Please designate the individual whose typed signature appears on the signature line.

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) 245-6062.

Eula Peterson
Regulatory Specialist II
New Filing Section

Letter Number: 009A00019175

FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 16, 2009

SVETLANA KOZIC
4920 CYPRESS TRACE DR.
TAMPA, FL 33624

SUBJECT: CICA INSURANCE, INC.
Ref. Number: W09000026800

We have received your document for CICA INSURANCE, 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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

A corporation may not serve as its own registered agent. Please designate the individual whose typed signature appears on the registered agent signature line.

A corporation may not serve as its own incorporator. Please designate the individual whose typed signature appears on the signature line.

The registered agent must sign accepting the designation.

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) 245-6062.

Eula Peterson
Regulatory Specialist II
New Filing Section

Letter Number: 009A00019175

FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 10, 2009

SVETLANA KOZIC
4920 CYPRESS TRACE DR.
TAMPA, FL 33624

SUBJECT: LANA & KLER KOZIC INSURANCE, INC.
Ref. Number: W09000026800

We have received your document for LANA & KLER KOZIC INSURANCE, 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):

You failed to make the correction(s) requested in our previous letter.

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

A corporation may not serve as its own registered agent. Please designate the individual whose typed signature appears on the registered agent signature line.

A corporation may not serve as its own incorporator. Please designate the individual whose typed signature appears on the signature line.

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) 245-6062.

Eula Peterson
Regulatory Specialist II
New Filing Section

Letter Number: 009A00019175

FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 8, 2009

SVETLANA KOZIC
4920 CYPRESS TRACE DR.
TAMPA, FL 33624

SUBJECT: LANA & KLER KOZIC INSURANCE, INC.
Ref. Number: W09000026800

We have received your document for LANA & KLER KOZIC INSURANCE, 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):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

A corporation may not serve as its own registered agent. Please designate the individual whose typed signature appears on the registered agent signature line.

A corporation may not serve as its own incorporator. Please designate the individual whose typed signature appears on the signature line.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

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) 245-6062.

Eula Peterson
Regulatory Specialist II
New Filing Section

Letter Number: 009A00019175

RECEIVED
DEPARTMENT OF STATE
09 JUN 15 PM 4:20

COVER LETTER

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

SUBJECT: CICIBAN INSURANCE, 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: Svetlana Kozic
Name (Printed or typed)

4920 Cypress Trace Dr.
Address

Tampa - FL. 33624
City, State & Zip

813-220-0458
Daytime Telephone number

LANAKOZIC@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

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)

FILED
09 JUL 10 PM 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

CiciBAN Insurance, Inc.

ARTICLE II PRINCIPAL OFFICE

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

4920 Cypress TRACE DR.
Tampa - FLORIDA 33624

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is:

1000 shares of common stock at a par value of $1.00 - per share

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

ARTICLE VI REGISTERED AGENT

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

Svetlana Kozic
4920 Cypress TRACE DR.
Tampa - Florida 33624

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Svetlana Kozic
4920 Cypress TRACE Dr
Tampa - Florida 33624

****

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 — Date: 6-24-09

Signature/Incorporator — Date: 6-24-09