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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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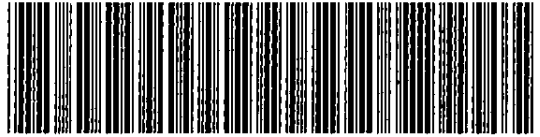
(Business Entity Name)

(Document Number)

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2009 OCT 14 PM 4: 29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 14 2009

COVER LETTER

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

SUBJECT: Armstrong 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: Yana Armstrong
Name (Printed or typed)

15272 SW 177 terrace
Address

MIAMI, FL 33187
City, State & Zip

786-267-0800
Daytime Telephone number

Yanaarmstrong@yahoo.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)

ARTICLE I NAME

The name of the corporation shall be: **Armstrong Insurance Services, Inc.**

ARTICLE II PRINCIPAL OFFICE

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

15272 SW 177 Terrace Miami, FL 33187

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

**Yana Armstrong
15272 SW 177 Terrace Miami, FL 33187
Director**

ARTICLE VI REGISTERED AGENT

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

**Yana Armstrong
15272 SW 177 Terrace
Miami, FL 33187**

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

**Yana Armstrong
15272 SW 177 Terrace
Miami FL 33187**

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

10/12/09

Date



Signature/Incorporator

10/12/09

Date

FILED

2009 OCT 14 PM 4:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA