

P09000095452

(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

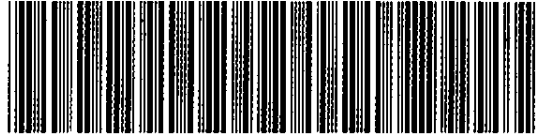
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Special Instructions to Filing Officer:

~~W09-49842~~

Office Use Only

11/23



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11/09/09--01016--018 **87.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 NOV 20 PM 4:32

COVER LETTER

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

SUBJECT: HEALTH INSURANCE SOLUTIONS
(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: HEIDI CONNOR
Name (Printed or typed)

3655 EUNIA WAY
Address

NAPLES FL 34119
City, State & Zip

239 - 919 - 4885
Daytime Telephone number

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

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

09 NOV 20 AM 10:28
DIVISION OF CORPORATION

November 10, 2009

HEIDI CONNOR
3655 EXUMA WAY
NAPLES, FL 34119

SUBJECT: HEALTH INSURANCE SOLUTIONS
Ref. Number: W09000049842

We have received your document for HEALTH INSURANCE SOLUTIONS and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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.

An effective date may be added to the Articles of Incorporation **if a 2010 date is needed**, otherwise the date of receipt will be the file date. **A separate article must be added to the Articles of Incorporation for the effective date.**

Please return 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) 245-6934.

Loria Poole
Regulatory Specialist II

Letter Number: 409A00035289

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:

HERITAGE INSURANCE OF SOUTH WEST FLORIDA, Corp

ARTICLE II PRINCIPAL OFFICE

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

3655 EXUMA WAY
NAPLES FLORIDA 34119

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

HEALTH & LIFE INSURANCE SERVICES

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

PRES SALVATORE VITIELLO 3655 EXUMA WAY, NAPLES, FL 34119
V. PRES HEIDI CONNOR 3655 EXUMA WAY NAPLES FL 34119

ARTICLE VI REGISTERED AGENT

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

~~HEIDI CONNOR~~
HEIDI CONNOR
3655 EXUMA WAY
NAPLES FL 34119

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

SALVATORE VITIELLO
3655 EXUMA WAY
NAPLES FL 34119

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

Heidi Connor

Signature/Registered Agent

[Signature]

Signature/Incorporator

11.2.09

Date

11/2/09

Date

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 NOV 20 PM 4:32