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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

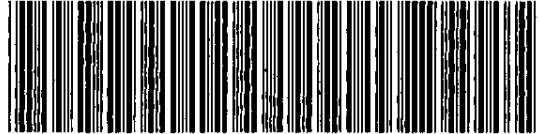
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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10 JAN 20 PM 3:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1 26/10 PR

## COVER LETTER

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

SUBJECT: STORICK GROUP CO.  
(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: SCOTT ROWLAND STORICK  
Name (Printed or typed)

35 01 N. OCEAN DRIVE # V-11  
Address

HOLLYWOOD, FL 33019  
City, State & Zip

954-331-5092  
Daytime Telephone number

SSTORICK@STORICKGROUP.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:

Storick Group Co.

**ARTICLE II PRINCIPAL OFFICE**

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

3501 N. OCEAN DRIVE # V-11  
Hollywood, FL 33019

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

PROVIDE SERVICES FOR HEALTH & LIFE INSURANCE

**ARTICLE IV SHARES**

The number of shares of stock is:

1,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Scott Storick

**ARTICLE VI REGISTERED AGENT**

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

Scott Storick  
3501 N. OCEAN DRIVE # V-11  
Hollywood, FL 33019

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Scott Storick  
3501 N. OCEAN DRIVE # V-11  
Hollywood, FL 33019

\*\*\*\*\*

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

Signature/Incorporator

Scott Storick

Date

Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA