

P10000022698

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

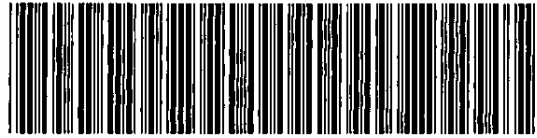
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

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

SUBJECT: Keenan Insurance, P.A.

(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: John F. Keenan, Jr.

Name (Printed or typed)

500 S.E. 12th Street

Address

Fort Lauderdale, Florida 33316

City, State & Zip

954-523-3444

Daytime Telephone number

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:

Keenan Insurance, P.A.

ARTICLE II PRINCIPAL OFFICE

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

500 S.E. 12th Street

Ft. Laud., FL 33316

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Rendering a professional service--life insurance agent

ARTICLE IV SHARES

The number of shares of stock is:

1,000 shares, \$1.00 par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

John F. Keenan, 500 S.E. 12th Street, president.
Jr. Ft. Laud., FL 33316 director

ARTICLE VI REGISTERED AGENT

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

Peter Hanna

500 S.E. 12th Street

Ft. Laud., FL 33316

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

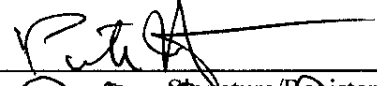
John F. Keenan, Jr.

500 S.E. 12th Street

Ft. Laud., FL 33316

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

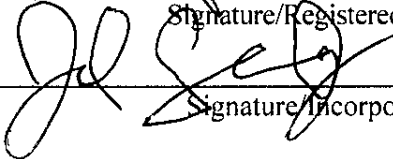
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent Peter Hanna

03/11/10

Date



Signature/Incorporator John F. Keenan, Jr.

03/11/10

Date