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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

18 OCT 5 2010

COVER LETTER

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

SUBJECT: Integrated Benefits, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Robert L Kimble
Name (Printed or typed)

8905 SE Harbor Island Way
Address

Hobe Sound, Florida 33455
City, State & Zip

304-389-2157
Daytime Telephone number

larryk@agentpipeline.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: Integrated Benefits, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
8974 Bridge Rd
Hobe Sound, Florida 33455

Mailing address, if different is:
8905 SE Harbor Island Way
Hobe Sound, Florida 33455

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Insurance Sales and Service

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Robert L Kimble
Address: 8905 SE Harbor Island Way
Hobe Sound, Florida 33455

Name and Title: _____
Address: _____

Name and Title: Benjamin R Kimble
Address: 229 Ariel Heights
Charleston, WV 25311

Name and Title: _____
Address: _____

Name and Title: Laura K Kimble
Address: 850 Walters Rd
Charleston, WV 25314

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Robert L Kimble
Address: 8905 SE Harbor Island Way
Hobe Sound Florida 33455

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Robert L Kimble
Address: 8905 SE Harbor Island Way
Hobe Sound, 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

Robert L Kimble

Required Signature/Registered Agent

9/28/10

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Robert L Kimble

Required Signature/Incorporator

9/28/10

Date

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2010 SEP 30 PM 4:30
CLERK OF STATE
TALLAHASSEE, FLORIDA