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(Requestor's Name)

(Address)

(Address)

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☐ PICK-UP

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(Business Entity Name)

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Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Margarette Francis
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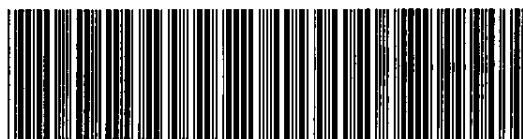
AUTHORIZATION BY PHONE TO

CORRECT *Article F*

DATE *11/29/10*

DOC. EXAM *MRS*

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

MRS
11/29

11/11 55333

COVER LETTER

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

SUBJECT: Isaac & Associates

(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: Isaac & Associates

Name (Printed or typed)

8533 SW 5th Street, Apt #203

Address

Pembroke Pines, Fl. 33025

City, State & Zip

954-479-0086

Daytime Telephone number

marg.fran@hotmail.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: Isaac & Associates Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
8533 SW 5th Street, Apt #203
Pembroke Pines, FL 33025

Mailing address, if different is:
8533 SW 5th Street, Apt #203
Pembroke Pines, FL 33025

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
INSURANCE BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Margarette Francis
Address: 8533 SW 5th Street, Apt #203
Pembroke Pines, FL 33025
President

Name and Title: _____
Address: _____

Name and Title: Pricilla Francis
Address: 8533 SW 5th Street, Apt #203
Pembroke Pines, FL 33025
Secretary

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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: Margarette Francis
Address: 8533 SW 5th Street, Apt #203
Pembroke Pines, FL 33025

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Margarette Francis
Address: 8533 SW 5th Street, Apt #203
Pembroke Pines, FL 33025

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

Margarette Francis
Required Signature/Registered Agent

11/19/2010
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.

Margarette Francis
Required Signature/Incorporator

11/19/2010
Date

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