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11 JAN -5 PM 4:09  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MRD  
1/6/11

## COVER LETTER

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

SUBJECT: EK Associates, 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

☐ \$78.75 Filing Fee  
& Certified Copy  
☐ \$87.50 Filing Fee,  
Certified Copy  
& Certificate of  
Status  
**ADDITIONAL COPY REQUIRED**

FROM: Ellen Kitzerow

Name (Printed or typed)

11320 Compass Point Drive

Address

Fort Myers, FL 33908

City, State & Zip

239.560.7241

Daytime Telephone number

ekitzerow@comcast.net

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)

**FILED**

**ARTICLE I NAME** EK Associates, Inc.  
The name of the corporation shall be:

11 JAN -5 PM 4: 09

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address  
11320 Compass Point Drive  
Fort Myers, FL 33908

Mailing address, if different is: **SECRETARY OF STATE  
TALLAHASSEE FLORIDA**

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is:  
To provide financial services: Sale of life insurance; health insurance;; disability insurance; long term care insurance and fixed annuity products

**ARTICLE IV SHARES**  
The number of shares of stock is: 100

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

Name and Title: <u>Ellen Kitzerow, President</u>	Name and Title: _____
Address: <u>11320 Compass Point Drive</u>	Address: _____
<u>Fort Myers, FL 33908</u>	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

**ARTICLE VI REGISTERED AGENT**

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

Name: Ellen Kitzerow  
Address: 11320 Compass Point Drive  
Fort Myers, FL 33908

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Ellen Kitzerow  
Address: 11320 Compass Point Drive  
Fort Myers, FL 33908

*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*

*Ellen Kitzerow*  
Required Signature/Registered Agent

1/3/11  
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.*

*Ellen Kitzerow*  
Required Signature/Incorporator

1/3/11  
Date

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TALLAHASSEE FLORIDA**