

P11000053178

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

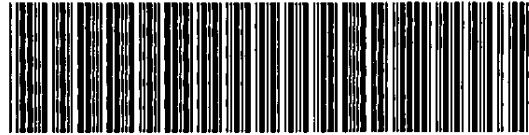
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

MRS
6/7

COVER LETTER

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

SUBJECT: Elyn B Insurance Agency 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: Brittany Rodgers
Name (Printed or typed)

9340 SW 54 street
Address

CODPER city Florida 33328
City, State & Zip

954-439-5804
Daytime Telephone number

britrod@bellsouth.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)

ARTICLE I NAME

The name of the corporation shall be: Elyn B Insurance Agency Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

9340 SW 54 Street
Cooper City FL 33328

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Independent Insurance Agency

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ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: _____
Address: _____

Name and Title: Brittany Rodgers President
Address: 9340 SW 54 Street
Cooper City FL 33328

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: Luis Hernandez - Vice President
Address: 9340 SW 54 Street
Cooper City FL 33328

ARTICLE VI REGISTERED AGENT

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

Name: _____
Address: _____

Brittany Rodgers
9340 SW 54 St
Cooper City FL 33328

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: _____
Address: _____

Brittany Rodgers
9340 SW 54 St
Cooper City FL 33328

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

Brittany

Required Signature/Registered Agent

5.25.2011

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.

Brittany

Required Signature/Incorporator

5.25.2011

Date