

P 11000068243

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

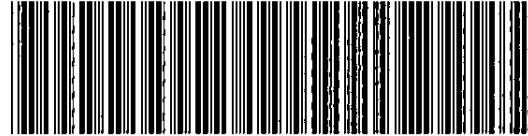
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200210391422

07/28/11--01013--014: **87:50

FILED
28th JUL 28 AM 9:46
SECRETARY OF STATE
TALLAHASSEE, FL 32310

J. Shivers JUL 29 2011

COVER LETTER

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

SUBJECT: HEALTH INSURANCE ADVISORS 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: Fransico Carey
Name (Printed or typed)

1040 ne 83rd street
Address

Miami, FL. 33138
City, State & Zip

786-487-1194
Daytime Telephone number

prat.fred@yahoo.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

FILED
28th JUL 28 AM 9:46
TALLAHASSEE, FL
DEPARTMENT OF STATE

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME HEALTH INSURANCE ADVISORS INC.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
1040 NE 83rd. street
Miami, FL 33138

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
To market individual health insurance policies and M.A.P.D. plans.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Fransico Carey- President</u>	Name and Title: <u>Fred Prat- treasurer</u>
Address: <u>1040 NE 83rd. street</u>	Address: <u>1040 NE 83rd street</u>
<u>Miami, FL 33138</u>	<u>Miami, FL 33138</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:

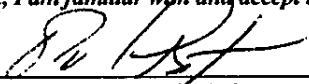
Name: Fred Prat
Address: 1040 NE 83rd. street
Miami, FL 33138

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Fransico Carey
Address: 1040 NE 83rd. street
Miami, FL 33138

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

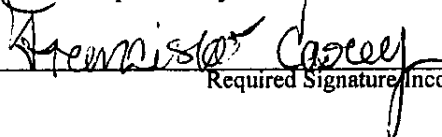


Required Signature/Registered Agent

07/20/2011

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.



Required Signature/Incorporator

07/20/2011

Date

FILED
JUL 28 AM 9:46
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA