

P11000071776

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

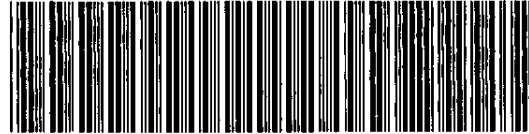
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/12/11--01009--011 **70.00

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11 AUG -8 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SC
7-14-11

111000027180

COVER LETTER

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

SUBJECT: Insurance Analytics & Management

(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: John E. Helms, IV

Name (Printed or typed)

1990 Main Street, Suite 750

Address

Sarasota, FL 34236

City, State & Zip

877-354-1780

Daytime Telephone number

Mail@JohnHelms.net ✓

E-mail address: (to be used for future annual report notification)

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 AUG - 8 PM 4: 12

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THE OFFICES OF JOHN HELMS

Post Office Box 1987

Zephyrhills, Florida 33539-1987

Toll-Free Telephone 877.354.1780 ♦ Toll-Free Fax 877.608.8480

To: Sharon Collins
New Filing Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

From: John E. Helms

Date: August 5, 2011

Re: Letter Number 211A00016778

As requested, please find the following items attached:

- ☐ Corrected original document and one copy
- ☐ Copy of letter dated July 14, 2011.

If any documents listed are missing incomplete, or if you have any questions, please contact me without delay.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
11 AUG -8 AM 10:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

July 14, 2011

JOHN E. HELMS, IV
1990 MAIN STREET
STE#750
SARASOTA, FL 34236

SUBJECT: INSURANCE ANALYTICS & MANAGEMENT
Ref. Number: W11000037180

We have received your document for INSURANCE ANALYTICS & MANAGEMENT and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6924.

Sharon Collins
Regulatory Specialist II
New Filing Section

Letter Number: 211A00016778

ARTICLES OF INCORPORATION

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

ARTICLE I NAME Insurance Analytics & Management, INC.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
1990 Main Street
Suite 750
Sarasota, Florida 34236

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Professional life insurance management services

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>John E. Helms, IV, CEO</u>	Name and Title: _____
Address: <u>1990 Main Street, Suite 750</u>	Address: _____
<u>Sarasota, FL 34236</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:

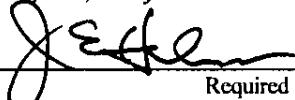
Name: John E. Helms, IV, CEO
Address: 1990 Main Street, Suite 750
Sarasota, FL 34236

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: John E. Helms, IV, CEO
Address: 1990 Main Street, Suite 750
Sarasota, FL 34236

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

7-8-2011
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

7-8-2011
Date

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11 AUG - 8 PM 4:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA