

P11000107660

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

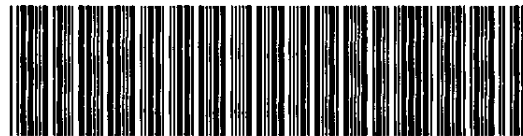
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FILED

2011 DEC 21 PM 4:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Dorch DEC 22 2011

COVER LETTER

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

SUBJECT: Complete Medigap 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: Complete Medigap Advisors Inc.

Name (Printed or typed)

505 E. Jackson Street, Suite 300

Address

Tampa, FL 33602

City, State & Zip

813-495-2128

Daytime Telephone number

alex@cia-fl.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

Complete Medigap Advisors Inc.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
505 E. Jackson Street, Suite 300
Tampa, FL 33602

Mailing address, if different is:
505 E. Jackson Street, Suite 300
Tampa, FL 33602

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To advise and provide insurance products to clients nationwide.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Alexander F. Rascionato
Address: 4904 Crofton Way
Tampa, FL 33625

Name and Title: _____
Address: _____

Name and Title: Anthony Recupero
Address: 3018 Colonial Ridge Drive
Brandon, FL 33511

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:

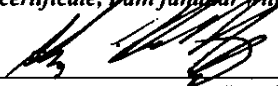
Name: Alexander F. Rascionato
Address: 4904 Crofton Way
Tampa, FL 33625

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Alexander F. Rascionato
Address: 4904 Crofton Way
Tampa, FL 33625

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

12/19/2011

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

12/19/2011

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA