

P12000037325

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

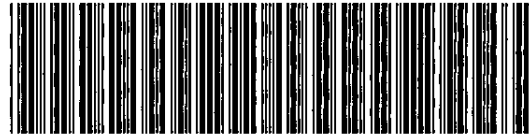
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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04/09/12--01041--016 \*\*78.75

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 APR 19 PM 1:36

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RECEIVED

12 APR 19 PM 2:00

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 10, 2012

ROY F MIRANDA  
779 TOMLINSON TERRACE  
LAKE MARY, FL 32746

SUBJECT: LIFE AND HEALTH INSURANCE CENTER  
Ref. Number: W12000020000

We have received your document for LIFE AND HEALTH INSURANCE CENTER and your check(s) totaling \$78.75. 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 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) 245-6052.

Pamela Smith  
Regulatory Specialist II

Letter Number: 412A00011432

## COVER LETTER

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

**SUBJECT:** Life and Health Insurance Center

(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: Roy F Miranda

Name (Printed or typed)

779 Tomlinson Terrace

Address

Lake Mary, FL 32746

City, State & Zip

407-312-6965

Daytime Telephone number

rfmiranda@mirandar.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:

Life and Health Insurance Center, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

## ARTICLE II PRINCIPAL OFFICE

Principal street address  
37 N. Orange Avenue  
Suite 201  
Orlando, FL 32801

12 APR 19 PM 1:36  
Mailing address, if different is:

779 Tomlinson Terrace  
Lake Mary, FL 32746

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:  
sell health and life insurance products.

## ARTICLE IV SHARES

The number of shares of stock is: 100

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michael D. Euston, Sr., President  
Address: 23 B Riddle Drive  
Palm Coast, FL 32164

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: Roy F. Miranda, Vice President  
Address: 779 Tomlinson Terrace  
Lake Mary, FL 32746

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:

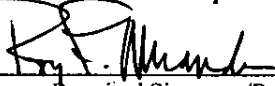
Name: Roy F. Miranda  
Address: 779 Tomlinson Terrace  
Lake Mary, FL 32746

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Roy F. Miranda  
Address: 779 Tomlinson Terrace  
Lake Mary, FL 32746

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

3/31/2012

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

3/31/2012

Date