

P12000039790

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

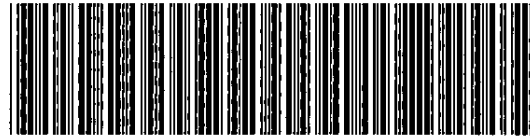
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 APR 27 PM 1:08

Revised 12/2005



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

12 APR 27 PM 4:51

DIVISION OF CORPORATIONS

April 12, 2012

JEWEL SANDS
P O BOX 2432
HOBE SOUND, FL 33475

SUBJECT: PEACE OF MIND BENEFIT SOLUTIONS INC.
Ref. Number: W12000020505

We have received your document for PEACE OF MIND BENEFIT SOLUTIONS INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

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: 712A00011653

COVER LETTER

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

SUBJECT: Peace of mind Benefit Solutions 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: Jewel Sands
Name (Printed or typed)
PO Box 2432
Address
Hobe Sound, FL 33475
City, State & Zip
(772) 631-8192
Daytime Telephone number
jewel_sands@us.afiac.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

The name of the corporation shall be:

Peace of mind Benefit Solutions, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

6368 SE Held Ct. #101
Stuart, FL 34997

Mailing address, if different is:

P.O. Box 2432
Hobe Sound, FL 33475

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To sell insurance.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Jewel Sands, President

Address:

P.O. Box 2432
Hobe Sound, FL 33475

Name and Title:

Address:

Name and Title:

Address:

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:

Jewel Sands

Address:

6368 SE Held Ct. #101
Stuart, FL 34997

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Jewel Sands

Address:

6368 SE Held Ct. #101
Stuart, FL 34997

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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

Jewel Sands

Required Signature/Registered Agent

4/25/2012

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.

Jewel Sands

Required Signature/Incorporator

4/25/2012

Date