

PIA2000058887

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : YOUR CAPITAL CONNECTION, INC.
Account Number : I20000000257
Phone : (850) 224-8870
Fax Number : (850) 222-1222

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
Centurion Insurance Services, Inc.

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$87.50

Electronic Filing Menu

Corporate Filing Menu

Help

12 JUL -2 PM 4:02

RECEIVED

12 JUL -2 PM 12:58

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

7/3/12

COVER LETTER

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

SUBJECT: CENTURION INSURANCE SERVICES, 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: Justin Todd Stoltz
Name (Printed or typed)

1370 BAYVIEW DRIVE
Address

FORT. LAUDERDALE FL 33304
City, State & Zip

(954) 540-8670
Daytime Telephone number

Justin16FSU@AOL.COM
E-mail address: (to be used for future annual report notification)

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUL -2 PM 12:58

JUL. 2. 2012 3:04PM

CAPITAL CONNECTION

NO. 0758 P. 3

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

12 JUL -2 PM 12:58

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: CENTURION INSURANCE SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address: 2501 EAST COMMERCIAL BLVD. SUITE # 213
Mailing address, if different is:
Fort Lauderdale FL 33308

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The specific nature of this business is to offer insurance policies to the public.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Justin Todd Stoltz President Name and Title: _____
Address: 1370 Bayview Drive Address: _____
Fort Lauderdale FL 33304

Name and Title: Fabio Alvarez Vice President Name and Title: _____
Address: 7919 Emerald Woods Circle Address: _____
Boynton Beach FL 33473

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: Justin Todd Stoltz
Address: 1370 Bayview Drive
Fort Lauderdale FL 33304

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Justin Todd Stoltz
Address: 1370 Bayview Drive
Fort Lauderdale FL 33304

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

7/2/12
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

7/2/12
Date