

P12000083325

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12 OCT - 1 PM 4:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1 Bureau OCT 22 2012

## COVER LETTER

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

SUBJECT: JB Insurance 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: James Harvey Bessell  
Name (Printed or typed)  
1 Mandarin Terrace  
Address  
Safety Harbor FL 34295  
City, State & Zip  
727-647-4215  
Daytime Telephone number  
JBessell@tampabay.rr.com  
E-mail address: (to be used for future annual report notification)

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



RECEIVED

12 OCT -1 PM 1:13

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

APPLICATION FOR INCORPORATION

September 20, 2012

JAMES HARVEY BESSELL  
1 MANDARIN TERRACE  
SAFTY HARBOR, FL 34695

SUBJECT: JB INSURANCE SOLUTIONS, INC.  
Ref. Number: W12000048554

We have received your document for JB INSURANCE SOLUTIONS, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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) 245-6052.

Tim Burch  
Regulatory Specialist II  
New Filing Section

Letter Number: 812A00023627

**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: JB Insurance Solutions, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1 Mandarin Terrace  
Safety Harbor FL 34695

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Insurance sales

**ARTICLE IV SHARES**

The number of shares of stock is: 100 shares

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: James H. Bessell, Pres.

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

Address: 1 Mandarin Terrace

Address: \_\_\_\_\_

Safety Harbor FL  
34695

Name and Title: James H. Bessell, Secretary

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

Address: 1 Mandarin Terrace

Address: \_\_\_\_\_

Safety Harbor FL  
34695

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: James H. Bessell

Address: 1 Mandarin Terrace

Safety Harbor FL 34695

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Holly C. Bessell

Address: 1 Mandarin Terrace

Safety Harbor FL 34695

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

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

Date

FILED  
12 OCT - 1 PM 4:05  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399

9-17-12

9-17-12