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SECRETARY OF STATE
TALLAHASSIE, FICHE

COVER LETTER

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

SUBJECT: JB In Surance Solutions, Inc. (PROPOSED CORPORATE NAME-MUST INCLUDE SU	
(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SU</u>	IFFIX)
Enclosed are an original and one (1) copy of the articles of incorporation and a chec	k for:
Filing Fee Filing Fee Filing Fee & Certificate of Status & Certified Copy Certified Copy	7.50 ing Fee, rtified Copy Certificate of tus
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	
TBessell @ tampabay. rr. com E-mail address: (to be used for future annual report notification)	tion)

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



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FLORIDA DEPARTMENT OF STATE Division of Corporations

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 VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Address: Inandarin Terace Safety Harbor FL 34695 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Holluc Pessell Address: Image FL 34695 Having been named as registered agent to accept service of process for the above stated corporation at the place designation of the incorporation at the place of the incorporation at the incorporation at the place of the incorporation at the place of the incorporat	The name of the corpo	AME ration shall be: JB Insurance	Solutions, Inc	
Principal street address The dark Terracce	ARTICLE II PI	RINCIPAL OFFICE		
The purpose for which the corporation is organized is: Insurance Soles ARTICLE IV SHARES The number of shares of stock is: 100 shares ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: James H Bestell Res. Name and Title: Address: Sefelly Harbor FL 34695 Name and Title: James H Bestell Secre Name and Title: Address: Sefelly Harbor FL 34695 Name and Title: Address:			Mailing addre	ess, if different is:
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