

A2000094496

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

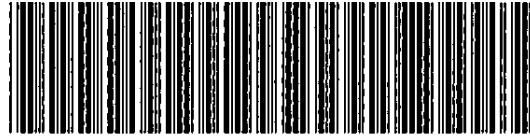
(Business Entity Name)

(Document Number)

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

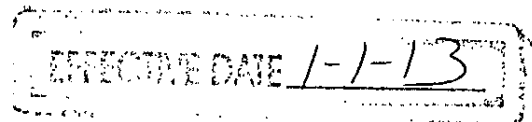
Special Instructions to Filing Officer:

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11/13/12--01028--007 \*\*70.00



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 NOV 13 PM 12:57

PS 11/14/12

**COVER LETTER**

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

**SUBJECT:** Eiland Insurance, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

**FROM:** David A. Eiland  
Name (Printed or typed)  
10310 W. Montyce Ct.  
Address  
Crystal River, FL 34428  
City, State & Zip  
352-436-4935  
Daytime Telephone number  
davidaeiland@gmail.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)

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**ARTICLE I NAME**

The name of the corporation shall be: **Eiland Insurance, Inc.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

10310 W. Montyce Ct.

Crystal River, FL 34428

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**"any lawful purpose"**

EFFECTIVE DATE 1-1-13

**ARTICLE IV SHARES**

The number of shares of stock is: **100**

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

Name and Title: **David A. Eiland, President**  
Address: **10310 W. Montyce Ct**  
**Crystal River, FL 34428**

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: **David A. Eiland**  
Address: **10310 W. Montyce Ct.**  
**Crystal River, FL 34428**

**ARTICLE VII INCORPORATOR**

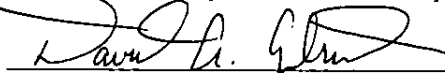
The name and address of the Incorporator is:

Name: **David A. Eiland**  
Address: **10310 W. Montyce Ct.**  
**Crystal River, FL 34428**

**Article VIII Effective Date**

**January 1, 2013**

*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*

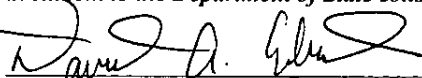


Required Signature/Registered Agent

10/31/12

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

10/31/12

Date