

PI2000100716

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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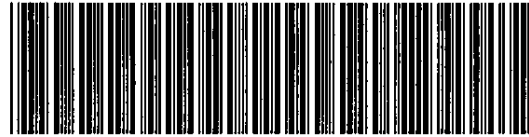
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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## COVER LETTER

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

SUBJECT: **Intersure Insurance Brokers Corp**  
(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: **Intersure Insurance Brokers Corp.**  
Name (Printed or typed)

**4695 Ayrshire Dr**  
Address

**Spring Hill, FL, 34609**  
City, State & Zip

**352 610 9881**  
Daytime Telephone number

### 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: **Intersure Insurance Brokers Corp.**

#### **ARTICLE II PRINCIPAL OFFICE**

Principal street address  
4695 Ayrshire Dr  
Spring Hill  
FL, 34609

Mailing address, if different is:

#### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: **Insurance Broker**

**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: **Intersure Insurance Brokers Corp.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
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Spring Hill  
FL, 34609

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: **Insurance Broker**

**ARTICLE IV SHARES**

The number of shares of stock is: **1**

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

Name and Title: David A Chodzko-- President  
Address: 4695 Ayrshire Dr  
Spring Hill  
FL, 34609

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 Chodzko  
Address: 4695 Ayrshire Dr  
Spring Hill, FL, 34609

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: David A Chodzko  
Address: 4695 Ayrshire Dr  
Spring Hill, FL, 34609

*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

12/06/2012  
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.*

\_\_\_\_\_  
Required Signature/Incorporator

12/06/2012  
Date

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TALLAHASSEE, FLORIDA