

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H12000295969 3)))



H120002959693ABCA

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

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

From: Account Name : INCORPORATING SERVICES FL
Account Number : I20050000052
Phone : (302) 531-0855
Fax Number : (850) 656-7953

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 DEC 18 AM 9:45

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

Email Address: halliemmmiller@hotmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION
Blue Marlin Insurance Group, Inc

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$70.00 |

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
12 DEC 18 PM 3:02

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be: Blue Marlin Insurance Group, Inc

12 DEC 18 AM 9:45

ARTICLE II PRINCIPAL OFFICE

Principal street address
55 S.E. 2nd Ave
1st Floor
Delray Beach, FL 33444

Mailing address, if different is:
55 S.E. 2nd Ave
1st Floor
Delray Beach, FL 33444

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Independent Insurance Agency

ARTICLE IV SHARES

The number of shares of stock is: 1,500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Hallie Miller, President

Address: 55 S. E. 2nd Ave
1st Floor
Delray Beach, FL 33444

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:

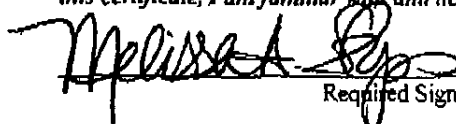
Name: Incorporating Services, Ltd.
Address: 1540 Glenway Drive
Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Incorporating Services, Ltd.
Address: 1540 Glenway Drive
Tallahassee, FL 32301

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

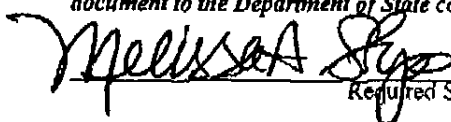


Required Signature/Registered Agent

12/18/2012

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.817.135, F.S.



Required Signature/Incorporator

12/18/2012

Date