

P13000009354

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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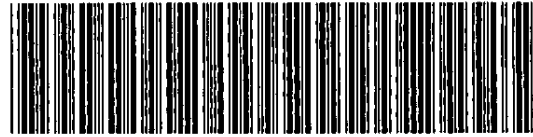
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRB
1/30/13

COVER LETTER

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

SUBJECT: Consolidated Insurance Services, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: John H. Owens
Name (Printed or typed)

318 Deer Run Dr., S.
Address

Ponte Vedra Beach, FL 32082
City, State & Zip

(954) 873-0123
Daytime Telephone number

sowens@thekeyesgroup.net
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)

ARTICLE I NAME

The name of the corporation shall be: Consolidated Insurance Services, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Sawgrass Corners I

10033 Sawgrass Dr., W. Ste 103

Ponte Vedra Beach, FL 32082

Mailing address, if different is:

318 Deer Run Dr., S.

Ponte Vedra Beach, FL 32082

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Insurance Adjusting Services

Inspection Services

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TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Craig N. Witt

Address 1138 Spanish Moss Dr.
Garland, TX 75040

Name and Title: John H. Owens

Address: 318 Deer Run Dr., S.
Ponte Vedra Beach, FL 32082

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

(conti.)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

John H. Owens

Address:

318 Deer Run Dr., S.

Ponte Vedra Beach, FL 32082

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

John H. Owens

Address:

318 Deer Run Dr., S.

Ponte Vedra Beach, FL 32082

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

John Owens

Required Signature/Registered Agent

November 16, 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.

John Owens

Required Signature/Incorporator

November 16, 2012

Date