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(Business Entity Name)

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SECRETARY OF STATE  
TREASURY DEPARTMENT

1/17

## COVER LETTER

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

SUBJECT: OKEECHOBEE 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

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

**ADDITIONAL COPY REQUIRED**

FROM: Steven T Heitzman  
Name (Printed or typed)

2754 Okeechobee Blvd  
Address

West Palm Bch, Fl. 33409  
City, State & Zip

561-478-8444  
Daytime Telephone number

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: Okeechobee Insurance Services Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

2754 Okeechobee Blvd

West Palm Bch, Fl 33409

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Insurance

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Steven Heitzman Pres.

Name and Title: \_\_\_\_\_

Address 2754 Okeechobee Blvd  
West Palm Bch, Fl 33409

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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Name and Title: \_\_\_\_\_ Name and Title: FILED  
Address: \_\_\_\_\_ Address: 13 FEB -4 PM 2:41  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Steve Heitzman  
Address: 10122 Oak Meadow Lane  
Lake Worth, FI 33449

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Steven T Heitzman  
Address: 10122 Oak Meadow Lane  
Lake Worth, FI 33449

*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

1-30-13  
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

1-30-13  
Date