

P1300004276

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

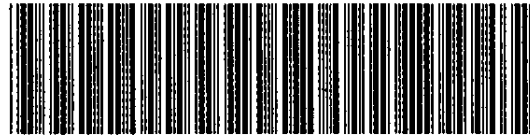
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700247754327

05/17/13--01013--010 **70.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 MAY 17 PM 2:26

Ps 5/20/13

COVER LETTER

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

SUBJECT: Corporate Compensation Plans, 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: Robert M. Bogan
Name (Printed or typed)
9823 Compass Point Way
Address
Tampa, FL 33615
City, State & Zip
813-818-0424
Daytime Telephone number
r_bogan@msn.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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I. NAME

The name of the corporation shall be: Corporate Compensation Plans, Inc.

13 MAY 17 PM 2: 26

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

9823 Compass Point Way

Tampa, FL 33615

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to conduct business in the insurance,
financial and automotive business.

ARTICLE IV SHARES

The number of shares of stock is: 15

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Robert M. Bogan, CEO

Name and Title: _____

Address 9823 Compass Point Way

Address: _____

Tampa, FL 33615

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

(cont.)

Name and Title: _____ Name and Title: 13 MAY 17 PM 2: 26
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

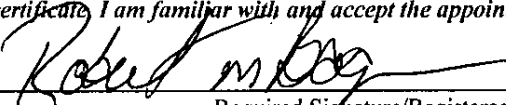
Name: Robert M. Bogan
Address: 9823 Compass Point Way
Tampa, FL 33615

ARTICLE VII INCORPORATOR

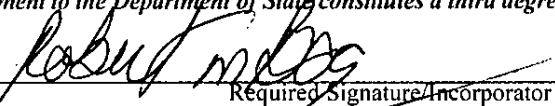
The name and address of the Incorporator is:

Name: Robert M. Bogan
Address: 9823 Compass Point Way
Tampa, FL 33615

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

 5/15/2013
Required Signature/Registered Agent 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.

 5/16/2013
Required Signature/Incorporator Date