

P14000000590

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

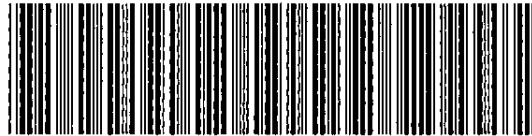
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DIVISION OF CORPORATIONS

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: Northeast Insurance Center, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

514 NE 16th Place, Unit 1
Cape Coral, FL 33909

Mailing address, if different is:

P. O. Box 151868
Cape Coral, FL 33915-1868

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business

ARTICLE IV SHARES 1000

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Richard Maylott, P & VP

Address: 514 NE 16th Place, Ut. 1
Cape Coral, FL 33909

Name and Title: _____

Address: _____

Name and Title: Lynne Marie Maylott, S & T

Address: 514 NE 16th Place, Ut. 1
Cape Coral, FL 33909

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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(conti.)

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: Richard Maylott
Address: 514 NE 16th Place, Ut 1
Cape Coral, FL 33909

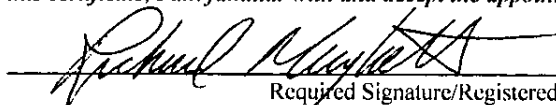
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Richard Maylott
Address: P. O. Box 151868
Cape Coral, FL 33915-1868

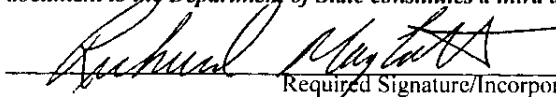
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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

12/19/13
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

12/19/13
Date

Please file
with effective date of
January 1ST

The
(MC)

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AFFIDAVIT

STATE OF FLORIDA

COUNTY OF LEE

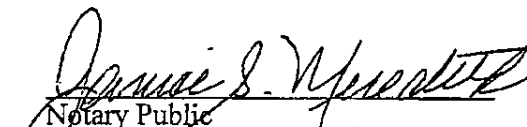
BEFORE ME, the undersigned authority, duly authorized to take acknowledgments and administer oaths, personally appeared RICHARD A. MAYLOTT, who, after being by me first duly sworn, deposes and says:

1. That Affiant is the MGRM and Registered Agent for Northeast Insurance Center, LLC.
2. That Affiant, hereby gives permission for the name Northeast Insurance Center, Inc. to be acquired from Northeast Insurance Center, LLC.
- 3 That Affiant is familiar with the nature of an oath, and with the penalties provided by the laws of the State for falsely swearing to statements made in an instrument of this nature.

FURTHER YOUR AFFIANT SAYETH NOT.


RICHARD A. MAYLOTT

Sworn to and subscribed before me this 6 day of January, 2014, by RICHARD A. MAYLOTT, who is personally known to me or who has produced Passport / License as identification.


Notary Public

My Commission Expires:

This Instrument prepared by:
Dixie Lee Ball, Attorney
1420 SE 47th Street
Cape Coral, FL. 33904
(239) 549-5551

