

P14000024112

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

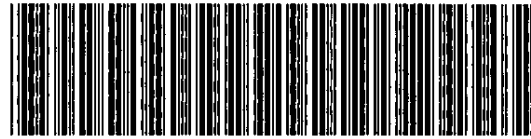
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100257779041

03/14/14--01007--013 \*\*70.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 MAR 14 PM 2:25

B 3/18/14

## COVER LETTER

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

SUBJECT: VALUE RATE AGENCY PARTNERS 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 Filing Fee  
☐ \$78.75 Filing Fee & Certificate of Status

|                                  |   |
|----------------------------------|---|
| <input type="checkbox"/> \$78.75 | <input type="checkbox"/> \$87.50                            |
| Filing Fee<br>& Certified Copy   | Filing Fee,<br>Certified Copy<br>& Certificate of<br>Status |

**ADDITIONAL COPY REQUIRED**

FROM: Mack Chambers JR.  
Name (Printed or typed)

PO Box 340365  
Address

Tampa Florida 33694  
City, State & Zip

813-361-4693  
Daytime Telephone number

MackChambers82@yahoo.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)

**ARTICLE I NAME**

The name of the corporation shall be: VALUE RATE Agency Partners Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

6176 GUNN HWY  
TAMPA FL 33625

Mailing address, if different is:

PO Box 340365  
TAMPA FL 33694

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: BUSINESS CONSULTING TO  
INSURANCE PROFESSIONALS

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: MARK CHAMBERS JR (Pres) Name and Title: \_\_\_\_\_

Address: 6176 GUNN HWY Address: \_\_\_\_\_  
TAMPA FL 33625

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

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

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

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 MAR 14 PM 2:26

(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: MACK Chambers JR.  
Address: 6176 GUNN Hwy  
TAMPA FL 33625

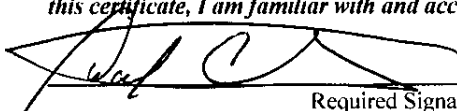
FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 MAR 14 PM 2:26

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MACK Chambers JR  
Address: 6176 GUNN Hwy  
TAMPA FL 33625

*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

3.4.2014  
\_\_\_\_\_  
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

3.4.2014  
\_\_\_\_\_  
Date