

P14000046525

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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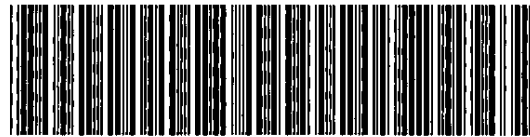
(Business Entity Name)

(Document Number)

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14 MAY 27 PM 1:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R 05/29/14

COVER LETTER

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

SUBJECT: Business Insurance Consultants, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)
(S. CORP)

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: Business Insurance Consultants, INC.
Name (Printed or typed)
401 E. LAS OLAS BLVD, #1400 ^{SUITE}
Address
Fort Lauderdale, FL 33301
City, State & Zip
(954) 271-1221
Daytime Telephone number
Raul Rosano @ outlook.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: Business Insurance Consultants, Inc.
(S corp)

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

401 E LAS OLAS BLVD
SUITE 1400
FORT LAUDERDALE, FL 33301

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROVIDE Business Insurance to Business
OWNERS.

ARTICLE IV SHARES

The number of shares of stock is:

200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Paul Rosano

Name and Title:

President

Address

401 E. LAS OLAS BLVD.

Address:

SUITE 1400

FORT LAUDERDALE, FL
33301

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Adriana Rosano

Name and Title:

Secretary

Address

401 E. LAS OLAS BLVD

Address:

SUITE 1400

FORT LAUDERDALE

FL 33301

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TALLAHASSEE, FLORIDA

(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: RAUL ROSANO
Address: 401 E. LAS OLAS BLVD, SUITE 1400
Fort Lauderdale, FL 33301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: RAUL ROSANO
Address: 401 E. LAS OLAS BLVD, SUITE 1400
Fort Lauderdale, FL 33301

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
Date 5/22/14

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
Date 5/22/14

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