

P14000046764

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

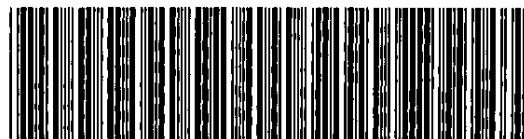
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500260365795

05/27/14--01023--001 **70.00

14 MAY 27 PM 2:07
SECRETARY OF STATE
TALLAHASSEE FLORIDA

711.630

COVER LETTER

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

SUBJECT: Personal 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
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM: Personal Insurance Consultants, Inc.
Name (Printed or typed) (S. CORP.)

401 E. LAS OLAS BLVD, SUITE 1400
Address

FORT LAUDERDALE, FLORIDA, 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: Personal Insurance Consultants, Inc.

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 Personal Lines of Insurance to
customers.

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Raul Rosano, President

Name and Title:

Address

401 E. LAS OLAS BLVD

Address:

SUITE 1400

FORT LAUDERDALE

FLORIDA 33301

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Adriana Rosano, Secretary

Name and Title:

Address

401 E. LAS OLAS BLVD.

Address:

SUITE 1400

FORT Lauderdale

FLORIDA 33301

FILED
14 MAY 27 PM 2:07
SECRETARY OF STATE
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, #1400
FORT LAUDERDALE, FL 33301


FILED
14 MAY 27 PM 2:07
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

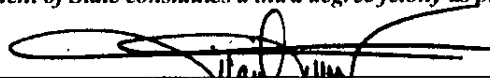
Name: RAUL ROSANO
Address: 401 E. LAS OLAS BLVD, #1400
FORT LAUDERDALE, FL 33301

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 RA


Required Signature/Registered Agent

5/28/2014
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. RA


Required Signature/Incorporator

5/28/2014
Date