

COVER LETTER

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

SUBJECT: SIGMA INSURANCE GROUP, 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

☐ \$78.75
Filing Fee
& Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM: NORBERT R. EWAN
Name (Printed or typed)
7124 NW 106th AVE
Address
TAMARAC, FL 33321
City, State & Zip
954-479-7335
Daytime Telephone number
NEWAN@COMCAST.NET
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:

SIGMA INSURANCE GROUP, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

7124 NW 106th AVE

TAMARAC, FL 33321

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

INSURANCE AGENCY

FILED
14 JUN -9 AM 11:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: NORBERT R. EWAN - PRESIDENT & CEO

Address: 7124 NW 106th AVE
TAMARAC, FL 33321

Name and Title: BEVERLY A. EWAN - VP OF MARKETING & ADVERTISING

Address: 7124 NW 106th AVE
TAMARAC, FL 33321

Name and Title:

Name and Title:

Address:

Address:

(cont.)

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: NORBERT R. EWAN
Address: 7124 NW 106th AVE
TAMARAC, FL 33321

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: NORBERT R. EWAN
Address: 7124 NW 106th AVE
TAMARAC, FL 33321

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TALLAHASSEE, FLORIDA

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

Norbert Ewan
Required Signature/Registered Agent

6/6/2014
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.

Norbert Ewan
Required Signature/Incorporator

6/6/2014
Date