

**Electronic Articles of Incorporation  
For**

P14000074657  
FILED  
September 09, 2014  
Sec. Of State  
sgilbert

KATHRYN MAZZOLA INSURANCE ,P.A.

The undersigned incorporator, for the purpose of forming a Florida profit corporation, hereby adopts the following Articles of Incorporation:

**Article I**

The name of the corporation is:

KATHRYN MAZZOLA INSURANCE ,P.A.

**Article II**

The principal place of business address:

4348 MARINER RD  
BONITA SPRINGS, FL. 34134

The mailing address of the corporation is:

4348 MARINER RD  
BONITA SPRINGS, FL. 34134

**Article III**

The purpose for which this corporation is organized is:

SELL HEALTH AND LIFE INSURANCE POLICIES.

**Article IV**

The number of shares the corporation is authorized to issue is:

100

**Article V**

The name and Florida street address of the registered agent is:

KATHRYN T MAZZOLA  
4348 MARIENR RD  
BONITA SPRINGS, FL. 34134

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature: KATHRYN T MAZZOLA

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## **Article VI**

The name and address of the incorporator is:

KATHRYN MAZZOLA  
4348 MARINER RD

BONITA SPRINGS FL. 34134

Electronic Signature of Incorporator: KATHRYN T MAZZOLA

I am the incorporator submitting these Articles of Incorporation and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of this corporation and every year thereafter to maintain "active" status.

## **Article VII**

The initial officer(s) and/or director(s) of the corporation is/are:

Title: P  
KATHRYN T MAZZOLA  
4348 MARINER RD  
BONITA SPRINGS, FL. 34134

## **Article VIII**

The effective date for this corporation shall be:

09/04/2014