

P/400009 7285

(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

W14-70179



100266235371

11/14/14--01020--007 **70.00

FILED
14 DEC -1 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE

1/1/15

DEC 4 2014

S. GILBERT

COVER LETTER

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

SUBJECT: Four Corners Health Insurance Co.

(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: **Kenneth Kellner**

Name (Printed or typed)

817 Terrace Ridge Circle

Address

Davenport, Fl. 33896

City, State & Zip

863-547-0636

Daytime Telephone number

ken@accesscenter.org

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

14 DEC -1 PM 12:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

November 20, 2014

KENNETH KELLNER
817 TERRACE RIDGE CIRCLE
DAVENPORT, FL 33896

SUBJECT: FOUR CORNERS HEALTH INSURANCE CO
Ref. Number: W14000070179

0001

We have received your document for FOUR CORNERS HEALTH INSURANCE CO and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your document is being returned as requested.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Sylvia Gilbert
Regulatory Specialist II
New Filing Section

Letter Number: 314A00024750

RE: Letter Number: 314A00024750

Please note that the name of the corporation has been corrected. The original paperwork listed the name as "Four Corners Health Insurance Co."

The corrected name is "Four Corners Health Insurance, Inc."

Thank you,
Ken Kellner

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

EFFECTIVE DATE

ARTICLE I NAME

The name of the corporation shall be: Four Corners Health Insurance, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

40230 US HWY 27

SUITE 150

DAVENPORT, FL 33837

Mailing address, if different is:

817 Terrace Ridge Circle

Davenport, FL 33896

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kenneth Kellner P Name and Title: _____

Address: 817 Terrace Ridge Circle Address: _____
Davenport, FL 33896

Name and Title: Mariela R Kellner VP Name and Title: _____

Address: 817 Terrace Ridge Cir Address: _____
Davenport, FL 33896

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: Kenneth Kellner
Address: 817 Terrace Ridge Cir
Davenport, Fl. 33896

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

Name: Kenneth Kellner
Address: 817 Terrace Ridge Cir
Davenport, Fl. 33896

ARTICLE VII EFFECTIVE DATE

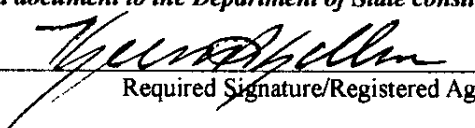
The effective date of this incorporation shall be January 1, 2015.

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

11/10/2014
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/Registered Agent

11/10/2014
Date