

PIS000029599

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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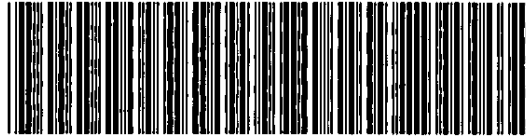
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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03/25/15--01008--008 \*\*70.00

15 MAR 25 PM 1:19

APR 01 2015

T. SCOTT

## COVER LETTER

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

**SUBJECT: MULLEN INSURANCE 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      ☐ \$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: JUDE B. MULLEN**

Name (Printed or typed)

**400 NE 20TH ST**

Address

**BOCA RATON, FL 33431**

City, State & Zip

**561-395-3873**

Daytime Telephone number

**JUDEZZ@AOL.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: MULLEN INSURANCE INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

400 NE 20TH STREET  
BOCA RATON, FL 33431

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: INSURANCE SALES

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Jude B. Mullen/President

Name and Title: \_\_\_\_\_

Address 400 NE 20th St

Address: \_\_\_\_\_

Boca Raton, FL 33431

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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(conti.)

Name and Title: JUDE MULLEN Name and Title: \_\_\_\_\_  
Address: 400 NE 20 ST Address: \_\_\_\_\_  
BOCA RATON \_\_\_\_\_  
FL 33431 \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Jude B. Mullen  
Address: 400 NE 20th St  
Boca Raton, FL 33431

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Jude B. Mullen  
Address: 400 NE 20th St  
Boca Raton, FL 33431

*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*

Jude Mullen  
Required Signature/Registered Agent

3-18-15  
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.*

Jude Mullen  
Required Signature/Incorporator

3-18-15  
Date