

P15000042092

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

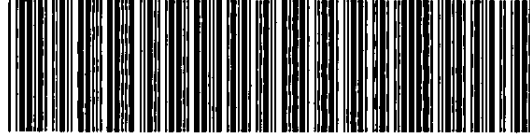
Special Instructions to Filing Officer:

MAY 12 2015

A. DUNLAP

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Office Use Only



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FILED
15 MAY -8 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 10, 2015

BRANDON SIMEONE
16268 APRICOT WAY
DELRAY BEACH, FL 33484

SUBJECT: CAPITAL INSURANCE SPECIALISTS, INC.
Ref. Number: W15000025104

FILED
15 MAY - 8 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for CAPITAL INSURANCE SPECIALISTS, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Though not required, it is recommended that at least one officer or director be listed in the articles of incorporation for banking and other purposes.

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

Andy Dunlap
Senior Section Administrator

Letter Number: 315A00007185

COVER LETTER

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

15 MAY -8 AM 10:49

SUBJECT: Capital Insurance Specialists, 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: Brandon Simeone

Name (Printed or typed)

16268 Apricot Way

Address

Delray Beach, FL 33484

City, State & Zip

561-251-6924

Daytime Telephone number

bsimeone3000@gmail.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: Capital Insurance Specialists, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

16268 Apricot Way

Delray Beach, FL 33484

Mailing address, if different is:

2912 Cormorant Road

Delray Beach, FL 33444

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Insurance Agency

ARTICLE IV SHARES

The number of shares of stock is: 1 (one)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Brandon Simeone (president) Name and Title: _____

Address: 16268 Apricot way Address: _____

Delray Beach, FL 33484

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

FILED
15 MAY -8 AM 8:45
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:

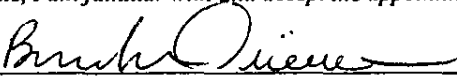
Name: Brandon Simeone
Address: 16268 Apricot Way
Delray Beach, FL 33484

ARTICLE VII INCORPORATOR

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

Name: Brandon Simeone
Address: 16268 Apricot Way
Delray Beach, FL 33484

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

01/29/2015

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/Incorporator

01/29/2015

Date

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15 MAY -8 AM 8:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA