

P15000063776

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

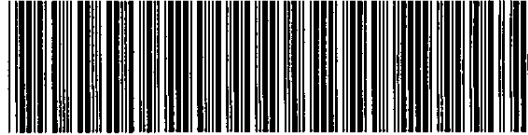
(Business Entity Name)

(Document Number)

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

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15 JUL 27 AM 7:10  
STATE  
TAXATION  
DIVISION

JUL 29 2015  
T. LEMIEUX

## COVER LETTER

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

**SUBJECT:** Abundant Health & Life 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:** Glenda Dexter  
Name (Printed or typed)  
2225 Berry Road  
Address  
Plant City, FL 33567  
City, State & Zip  
813-610-8369  
Daytime Telephone number  
glendadd1@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: Abundant Health & Life Insurance Group, Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Glenda Dexter

2225 Berry Road

Plant City, FL 33567

Mailing address, if different is:

Glenda Dexter

P.O. Box 4195

Plant City, FL 33563

**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: 100

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

Name and Title: President & Secretary

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

Address Glenda Dexter

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

2225 Berry Road

Plant City, FL 33567

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

FILED  
15 JUL 27 AM 7:17  
CLERK OF DISTRICT COURT  
JANUARY 2017

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: Glenda Dexter  
Address: 2225 Berry Road  
Plant City, FL 33567

**ARTICLE VII INCORPORATOR**

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

Name: Glenda Dexter  
Address: 2225 Berry Road  
Plant City, FL 33567

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 07/23/2015 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

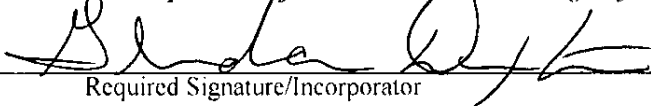


Required Signature/Registered Agent

7/23/2015

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

7/23/2015

Date