P15000073434

(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

900276499139

08/31/15--01007--017 **78.75

FILED
2015 AUG 31 AM 10:32
SECRETARY OF STATE
TALLAHASSEE FLORIDA

$ QC 9/9 CM

COVER LETTER

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

SUBJECT: Andre Insurance Services, 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: David C. Andre
Name (Printed or typed)

212 Exeter St.
Address

Oldsmar, FL 34677
City, State & Zip

727-204-5566
Daytime Telephone number

andreinsuranceservices@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: Andre Insurance Services, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address	Mailing address, if different is:
12749 W. Hillsborough Ave.	
Suite A	
Tampa, FL 33635	

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To operate an independent insurance agency including advice and consultation and to do all other lawful acts permitted of Florida for profit corporations.

FILED
2016 AUG 31 AM 10: 32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 100 (One Hundred)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: David C. Andre, Director and President	Name and Title:
Address 212 Exeter St.	Address:
Oldsmar, FL	
34677	
Name and Title:	Name and Title:
Address	Address:
Name and Title:	Name and Title:
Address	Address:

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: David C. Andre

Address: 212 Exeter St.

Oldsmar, Fl 34677

ARTICLE VII INCORPORATOR

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

Name: David C. Andre

Address: 212 Exeter St.

Oldsmar, FL 34677

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____. (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

_____ 08/26/2015

Required Signature/Registered Agent 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.

_____ 08/26/2015

Required Signature/Incorporator Date