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2015 AUG 31 AM 10:32
SECRETARY OF STATE
JILL AMASSEF, CLERK

*OC 9/9/15

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 ☐ \$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: 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
12749 W. Hillsborough Ave.

Suite A

Tampa, FL 33635

Mailing address, if different is:

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.

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CLERK OF DISTRICT COURT
STATE OF 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

Address: 212 Exeter St.

Oldsmar, FL

34677

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

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

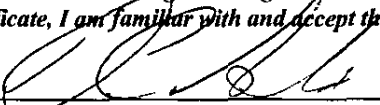
ARTICLE VIII EFFECTIVE DATE:

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.

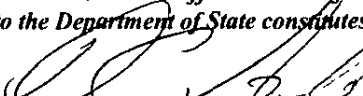
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent
08/26/2015

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
08/26/2015

Date