

P150000083279

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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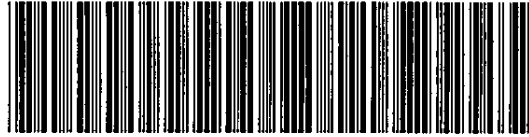
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/05/15--01015--006 **78.75

15 OCT -S AM 11:57
ATTORNEY GENERAL
FLORIDA

MD 10/9

COVER LETTER

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

SUBJECT: Enroll Pro Blue, 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: Mark S. Franklin

Name (Printed or typed)

40 Greenhaven Ct.

Address

Oldsmar, Florida 34677

City, State & Zip

727-584-8000

Daytime Telephone number

osteomark1@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: Enroll Pro Blue, inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

40 Greenhaven Ct.

Oldsmar, Fl. 34677

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Health insurance producer.

ARTICLE IV SHARES

The number of shares of stock is: 100,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mark S. Franklin, President

Name and Title: _____

Address 40 Greenhaven Ct.

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: Mark S. Franklin, President
Address: 40 Greenhaven Ct.
Oldsmar, Fl. 34677

ARTICLE VII INCORPORATOR

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

Name: Mark S. Franklin, President
Address: 40 Greenhaven Ct.
Oldsmar, Fl. 34677

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DEPARTMENT OF STATE
TALLAHASSEE, FL 32302

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: October 15, 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

10/2/2015
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

10/2/2015
Date