

P/600002/571

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DIVISION OF CORPORATIONS  
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03/09/16

## COVER LETTER

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

**SUBJECT:** INSURANCE NETWORK ASSOCIATES, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** TROY E. FRENCH  
Name (Printed or typed)

14200 ROYAL HARBOUR COURT, UNIT 704  
Address

FORT MYERS, FL 33908  
City, State & Zip

239-851-1263  
Daytime Telephone number

TroyFrench7@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: INSURANCE NETWORK ASSOCIATES, INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

14200 Royal Harbour Court, #704

Fort Myers, Florida 33908

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Insurance sales and marketing.

**ARTICLE IV SHARES**

The number of shares of stock is: 1

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

Name and Title: Troy E. French, President & Treasure

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

Address 14200 Royal Harbour Court, #704

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

Fort Myers, Florida 33908

Name and Title: Sharon E. French, Vice President & Secy.

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

Address 14200 Royal Harbour Court, #704

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

Fort Myers, Florida 33908

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

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

Address \_\_\_\_\_

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

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

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

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\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Troy E. French

Address: 14200 Royal Harbour Court, #704

Fort Myers, Florida 33908

**ARTICLE VII INCORPORATOR**

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

Name: Sharon E. French

Address: 14200 Royal Harbour Court, # 704

Fort Myers, Florida 33908

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**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*

Troy E. French  
Required Signature/Registered Agent

02/23/2016  
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.*

Sharon E. French  
Required Signature/Incorporator

02/23/2016  
Date