

P16000029006

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

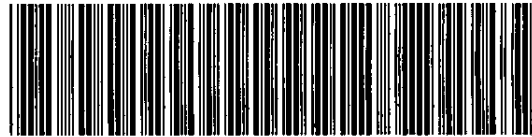
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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03/09/16--01014--015 **78.75

W16-20093

FILED
16 MAR 30 PM 4:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 04-1-12

7

COVER LETTER

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

SUBJECT: _____

Insurance Scouts, 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: _____

Christopher FitzPatrick

Name (Printed or typed)

911 Robinhood Ct.

Address

Maitland, FL 32751

City, State & Zip

407-304-0308

Daytime Telephone number

FitzPatrickCM@gmail.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 17, 2016

CHRISTOPHER FITZPATRICK
911 ROBINHOOD CT
MAITLAND, FL 32751

SUBJECT: INSURANCE SCOUTS, INC.
Ref. Number: W16000020093

We have received your document for INSURANCE SCOUTS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tim Burch
Regulatory Specialist II

Letter Number: 116A00005524

See Corrections

Thank you

ENCLOSURE
FEB 22 2016
11:00 AM

CMT

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: Scout Partners, Inc
Insurance Scouts, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

909 Robinhood Ct.
Maitland, FL 32751

909 Robinhood Ct
Maitland, FL 32751

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Recruitment and placement
of insurance professionals, in addition to
insurance solutions and consulting.

ARTICLE IV SHARES

The number of shares of stock is: 100

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Christopher FitzPatrick Name and Title: _____

Address 911 Robinhood Ct Address: _____
Maitland, FL 32751

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

CMT

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: Christopher FitzPatrick
Address: 911 Robinhood Ct
Maitland, FL 32751

ARTICLE VII INCORPORATOR

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

Name: Christopher FitzPatrick
Address: 911 Robinhood Ct
Maitland, FL 32751

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16 MAR 30 PM 4:50
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TALLAHASSEE, FLORIDA

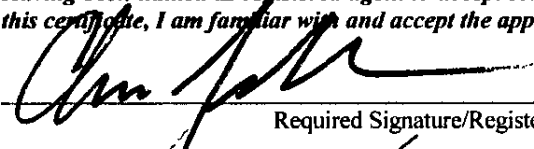
ARTICLE VIII EFFECTIVE DATE:

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.)

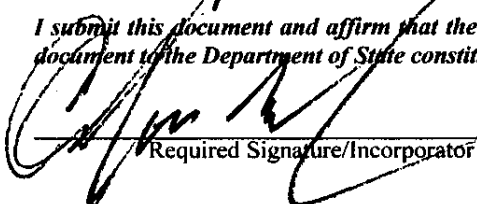
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

2-26-16
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

2-26-16
Date