

PI6 0000 40521

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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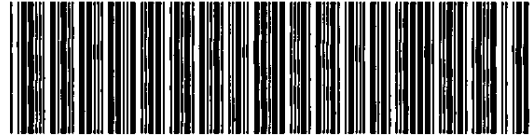
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/03/16--01031--023 **70.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 MAY -3 AM 10:58

COVER LETTER

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

SUBJECT: Gulf Coast Life Insurance Group, 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: Sandra Rawls

Name (Printed or typed)

101 W. Big Beaver, Suite 1000

Address

Troy, MI 48084-5280

City, State & Zip

248-457-7215

Daytime Telephone number

abasso@awadvisors.com

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

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F.D.C.
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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: Gulf Coast Life Insurance Group, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
5150 Tamiami Trail N., Suite 600
Naples, FL 34103

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To engage in any activity within the purposes for which corporations
may be formed under the Florida Business Corporations Act.

ARTICLE IV SHARES

The number of shares of stock is: 60,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Chris T. Christensen, President

Address: 5150 Tamiami Trail N., Suite 600
Naples, FL 34103

Name and Title: Chris T. Christensen, Secretary

Address: Same

Name and Title: Chris T. Christensen, Treasurer

Address: same

Name and Title: Chris T. Christensen, Director

Address: same

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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: Chris T. Christensen
Address: 5150 Tamiami Trail N., Suite 600
Naples, FL 34103

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Julius H. Giarmarco, Esq.
Address: 101 W. Big Beaver, Suite 1000
Troy, MI 48084-5280

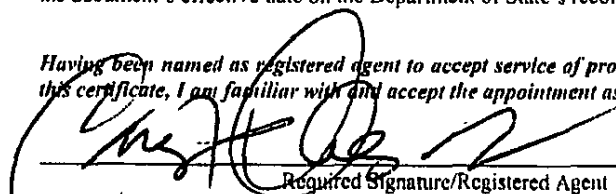
ARTICLE VIII EFFECTIVE DATE:

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

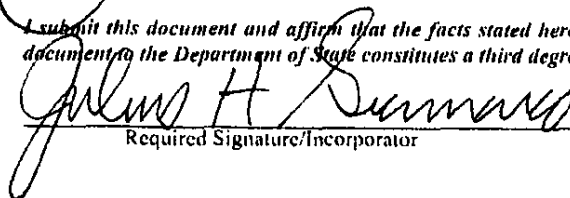


Required Signature/Registered Agent

4-21-2016

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.



Required Signature/Incorporator

4-21-2016

Date

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