

P16000054957

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

06/24/16--01022--020 **87.50

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Certified Copies _____ Certificates of Status _____

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Office Use Only

FILED

16 JUN 24 AM 7:44

SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: Coverage25or6to4, 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 Mitcham
Name (Printed or typed)

10161 Pine Breeze Rd. W.

Address

Jacksonville, FL 32257

City, State & Zip

904-210-4747

Daytime Telephone number

Mitcham_Chris@yahoo.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)

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ARTICLE I NAME

The name of the corporation shall be: Coverage25or6to4, Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal street address

**SECRETARY OF STATE
TENNESSEE FLORIDA**

10161 Pine Breeze Rd. W.

Jacksonville, FL 32257

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To administer Life, Health and Dental Insurance

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Christopher Mitcham / President 100% Name and Title: _____

Address: 10161 Pine Breeze Rd. W. Address: _____

Jacksonville, FL 32257 _____

904-210-4747 _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: Christopher Mitcham

Address: 10161 Pine Breeze Rd. W.

Jacksonville, FL 32257

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Christopher Mitcham

Address: 10161 Pine Breeze Rd. W.

Jacksonville, FL 32257

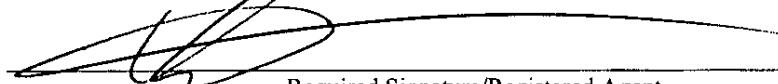
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 06-21-2016 (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

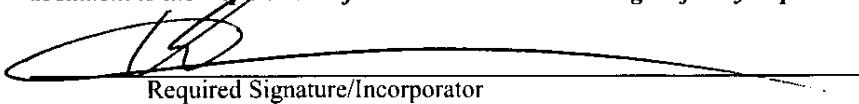


Required Signature/Registered Agent

06-21-2016

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 in s.817.155, F.S.



Required Signature/Incorporator

06-21-2016

Date