

P17000000972

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

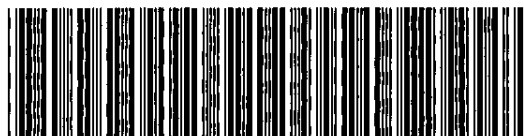
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600293763106

FILED

2017 JAN -5 PM 3:19

SECTION 17000000972
TALLAHASSEE, FL 32310

RECEIVED

17 JAN -5 PM 2:23

SECTION 17000000972
TALLAHASSEE, FL 32310

C. GOLDEN

JAN - 5 2017

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 449441 4313369

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 70.00

ORDER DATE : January 5, 2017

ORDER TIME : 12:40 PM

ORDER NO. : 449441-005

CUSTOMER NO: 4313369

DOMESTIC FILING

NAME: JOEL CHERANDE INSURANCE
AGENCY, INC.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP
 ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender - EXT.

EXAMINER'S INITIALS: _____

FILED
2017 JAN -3 PM 3:19
TALLAHASSEE, FL 32301
CORPORATION SERVICE COMPANY

COVER LETTER

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

SUBJECT: Joel Cherande Insurance Agency, 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: Ken W. Shulman, Esq.

Name (Printed or typed)

Day Pitney LLP, One International Place

Address

Boston, MA 02110

City, State & Zip

(617) 345-4600

Daytime Telephone number

kwshulman@daypitney.com

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

FILED
2017 JAN -5 PM 3:19
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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

FILED

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

2017 JAN -5 PM 3:19

ARTICLE I NAME

The name of the corporation shall be: Joel Cherande Insurance Agency, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6000 Island Boulevard, Unit 1407, Aventura, FL 33160

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To operate business for the sale of insurance and insurance related products and any other permitted business purpose allowable under Florida law

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Joel Cherande President

Address: 6000 Island Boulevard, Unit 1407
Aventura, FL 33160

Name and Title: Joel Cherande Treasurer

Address: 6000 Island Boulevard, Unit 1407
Aventura, FL 33160

Name and Title: Joel Cherande Secretary

Address: 6000 Island Boulevard, Unit 1407
Aventura, FL 33160

Name and Title: Joel Cherande Director

Address: 6000 Island Boulevard, Unit 1407
Aventura, FL 33160

Name and Title:

Address:

Name and Title:

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: Corporation Service Company

Address: 1201 Hays Street

Tallahassee, FL 32301

FILED
2017 JAN -5 PM 3:20
TALLAHASSEE, FL
CLERK OF THE CIRCUIT COURT

ARTICLE VII INCORPORATOR

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

Name: Ken W. Shulman, Esq.

Address: Day Pitney LLP, One International Place

Boston, MA 02110

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 days prior or 90 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

By: M. Zender Melissa Zender 1/5/17
Corporation Service Company Asst. Vice President Date
Required Signature/Registered Agent

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.

Ken W. Shulman 1-5-2017
Required Signature/Incorporator Date