

P17000063083

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

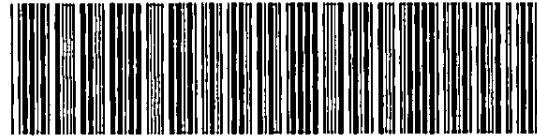
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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07/25/17-01021-000 **70.00

17 JUL 25 AM 9:20
STATE
FLORIDA

EFFECTIVE DATE 08/01/17

07/26/17

COVER LETTER

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

SUBJECT: Medicare Supplement Insurance Exchange 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: Neil Primack

Name (Printed or typed)

163 Pennock Trace Drive

Address

Jupiter, FL 33458

City, State & Zip

561-935-3907

Daytime Telephone number

primack@comcast.net

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: Medicare Supplement Insurance Exchange Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

163 Pennock Trace Drive

Jupiter, FL 33458

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Advertising & Marketing

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Neil Primack: President

Address 163 Pennock Trace Drive

Jupiter, FL 33458

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

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STATE OF FLORIDA

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: Neil Primack
Address: 163 Pennock Trace Drive
Jupiter, FL 33458

ARTICLE VII INCORPORATOR

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

Name: Neil Primack
Address: 163 Pennock Trace Drive
Jupiter, FL 33458

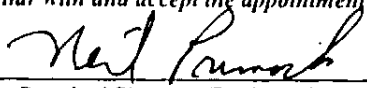
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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
17 JUL 25 AM 9:20

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: August 1, 2017 (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.

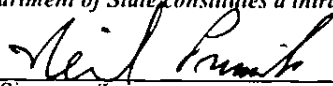
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

07/22/2017
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

07/22/2017
Date