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(Requestor's Name)

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(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

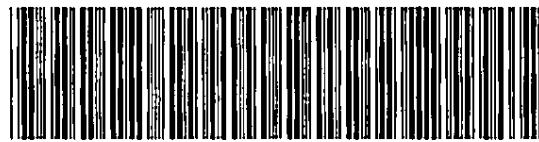
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

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

**SUBJECT:** ROB REISDORF INSURANCE, 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      & Certificate of  
                    Status      Status

**ADDITIONAL COPY REQUIRED**

ROBERT REISDORF II  
**FROM:** \_\_\_\_\_  
Name (Printed or typed)

16819 DESTREHEN COURT

Address

PARRISH, FLORIDA 34219

City, State & Zip

5379  
941-244-4154  
JPL

Daytime Telephone number

robert.reisdorf.12m@statefarm.com

lpl rob@sfrob.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)

**ARTICLE I NAME** ROB REISDORF INSURANCE, INC.  
The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address \_\_\_\_\_ Mailing address, if different is:  
16819 DESTREHEN COURT \_\_\_\_\_  
PARRISH, FLORIDA 34219 \_\_\_\_\_

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: \_\_\_\_\_  
the carrying on of all legal business including the sale of insurance,  
negotiable instruments, money products, real estate and any other items that seem necessary in order to profitably conduct the  
business.  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE IV SHARES** 1,000  
The number of shares of stock is: \_\_\_\_\_

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: ROBERT REISDORF--PRESIDENT Name and Title: \_\_\_\_\_

Address: 16819 DESTREHEN COURT Address: \_\_\_\_\_

\_\_\_\_\_  
PARRISH, FLORIDA 34219 \_\_\_\_\_

\_\_\_\_\_  
Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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SECRETARY OF STATE  
Tallahassee, Florida

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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: ROBERT REISDORF  
Address: 16819 DESTREHEN COURT  
PARRISH, FLORIDA 34219

## ARTICLE VII. INCORPORATOR

The name and address of the Incorporator is:

Name: ROBERT REISDORF  
Address: 16819 DESTREHEN COURT  
PARRISH, FLORIDA 34219

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.*

 6/15/17  
Required Signature/Printed Name of 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.*

 6/15/17 \_\_\_\_\_  
\_\_\_\_\_  
Date