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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

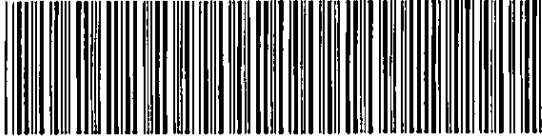
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

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FLORIDA FILING & SEARCH SERVICES, INC.

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155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 12/18/19

NAME: THE INSURANCE CONSULTANTS GROUP OF FLORIDA, INC.

TYPE OF FILING: CONVERSION

COST: 122.50

RETURN: CERTIFIED COPY AND GOOD STANDING PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE *Abbie Hodge*

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: The Insurance Consultants Group of Florida, Inc.
Name of Resulting Florida Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

TINA M. MROCKOWSKI, ATTORNEY
Contact Person

BOWMAN, GEORGE, SCHEB, KIMBROUGH, KOACH & CHAPM.
Firm/Company

2750 RINGLING BOULEVARD, SUITE 3,
Address

SARASOTA FLORIDA 34237
City, State and Zip Code

joeichman@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TINA M. MROCKOWSKI, ATTORNEY at (941) 366-5510
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- \$105.00 Filing Fees \$113.75 Filing Fees and Certificate of Status \$113.75 Filing Fees and Certified Copy \$122.50 Filing Fees, Certified Copy, and Certificate of Status

Mailing Address:
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
New Filing Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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SECRETARY OF STATE
TALLAHASSEE, FL

Certificate of Conversion
For
"Other Business Entity"
Into
Florida Profit Corporation

This Certificate of Conversion and attached Articles of Incorporation are submitted to convert the following "Other Business Entity" into a Florida Profit Corporation in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

The Insurance Consultants Group, Inc.

Enter Name of Other Business Entity

2. The "Other Business Entity" is a CORPORATION
(Enter entity type. Example: limited liability company, limited partnership,
general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of ILLINOIS
(Enter state, or if a non-U.S. entity, the name of the country)

on 11/20/2003
Enter date "Other Business Entity" was first organized, formed or incorporated

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation:
THE INSURANCE CONSULTANTS GROUP OF FLORIDA, INC.

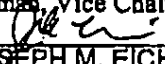
Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: _____
(The effective date: Cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

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.

Signed this 17 day of DECEMBER, 2019.

Required Signature for Florida Profit Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: 

Printed Name: JOSEPH M. EICHMAN Title: PRESIDENT/SECRETARY/TREASURER

Required Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]

Signature: 

Printed Name: Joseph M. Eichman Title: PRESIDENT/SECRETARY/TREASURER

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

If Florida Limited Liability Company:

Signature of a Member or Authorized Representative.

All others:

Signature of an authorized person.

Fees:

Certificate of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

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TALLAHASSEE, FL

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: THE INSURANCE CONSULTANTS GROUP OF FLORIDA, INC.

ARTICLE II PRINCIPAL OFFICE
The principal place of business/ mailing address is:

Principal street address
232 S. BOULEVARD OF THE PRESIDENTS
SARASOTA FLORIDA 34236

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
TO SELL INSURANCE AS AN AGENT OR BROKER AND SUCH OTHER RELATED ACTS OR ACTIVITIES AS
ARE NECESSARY OR CONVENIENT TO CARRY ON THE BUSINESS OF THE CORPORATION.

ARTICLE IV SHARES
The number of shares of stock is: 5000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Joseph M. Eichman, President/Secy/Treas.
Address: 232 S. Blvd. of the Presidents
Sarasota, FL 34236

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Tina M. Mroczkowski
Address: 2750 Ringling Blvd, Suite 3,
Sarasota, FL 34237

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Joseph M. Eichman
Address: 232 S. Blvd. of the Presidents
Sarasota, FL 34236

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

Tina M. Mroczkowski 12/17/2019
Required Signature/Registered Agent Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.

[Signature] 12/17/2019
Required Signature/Incorporator Date

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