

5/29/2020

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)288-0845

K. PAGE

JUN 01 2020

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
Insurance Consulting & Advisory Services Inc.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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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: Insurance Consulting & Advisory Services Inc.

ARTICLE II PRINCIPAL OFFICEPrincipal street address

500 Australian Avenue South

Sixth Floor

West Palm Beach, FL 33401

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to engage in consulting and advisory work

ARTICLE IV SHARES

The number of shares of stock is: 1000 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Tab Shanafelt, Executive Vice President

Address: 71 Stonhedge Drive South

Greenwich, CT 06831

Name and Title: Frank L. Gillis, Chief Executive Officer

Address: 7 Hidden Cove

Smiths Parish

Bermuda HS-01

Name and Title:

Address:

Name and Title:

Address:

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: C T Corporation System
Address: 1200 South Pine Island Road
Plantation, FL 33324.

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Tab Shanafelt
Address: 71 Stonehedge Drive South
Greenwich, CT 06831

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: C T Corporation System

Required Signature/Registered Agent

Christine Kabin
Assistant Secretary

5/29/2020

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

May 29, 2020

Date

FILED
MAY 29 AM 1:03
STATE OF FLORIDA
TALLAHASSEE, FL