

6/9/2020

P20000041920

Florida Department of State
Division of Corporations
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(((H20000173894 3)))



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To:

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

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-0821
Fax Number : (850)558-1515

****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
ERI GLOBAL INSURANCE NETWORK, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	05
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Electronic Filing Menu

Corporate Filing Menu

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JUN 10 2020

COVER LETTER**H20000173894 3**

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

SUBJECT: ERI Global Insurance Network, 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: _____
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E-mail address: (to be used for future annual report notification)

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

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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: ERI Global Insurance Network, Inc.ARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is:

4828 N. State Rd. 7 # 8103Coconut Creek, FL 33073ARTICLE III PURPOSEThe purpose for which the corporation is organized is: The purpose of the corporation is to engage in any lawful activity for which a corporation may be formed in this state.FILED
20 JUN -9 PM 2:24
CLERK OF DISTRICT COURT
JULIA AUSTIN, CLERK
TALLAHASSEE, FLORIDAARTICLE IV SHARESThe number of shares of stock is: 1,000ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: Bobbie Celler, PresidentName and Title: Bobbie Celler, SecretaryAddress 4828 N. State Rd. 7 # 8103
Coconut Creek, FL 33073Address: 4828 N. State Rd. 7 # 8103
Coconut Creek, FL 33073Name and Title: Marie Angeley Cooper, CFO

Name and Title: _____

Address 4099 Birch Bark Way
Douglasville, GA 30135

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe **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
20 JUN -9 PM 2:24
TALLAHASSEE, FLORIDA**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:

Name: Bobbie Celler

Address: 4828 N. State Rd. 7 # 8103

Coconut Creek, FL 33073

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*

KADESHA ROBERSON, ASST. VICE PRESIDENT

06/09/20

Required Signature/Registered Agent

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

Date 06/09/20

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