

P20000092108

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

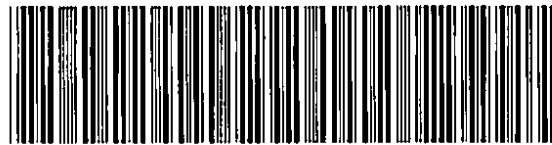
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

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105
NATION
TALLAHASSEE, FLORIDA

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105
NATION
TALLAHASSEE, FL

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301

850.656.7956

Fax: 850.656.7953

www.incserv.com

e-mail: accounting@incserv.com

incserv

ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Stops
mstops@incserv.com
850.656.7953

REQUEST DATE 12/2/2020

PRIORITY Routine

OUR REF # (Order ID#) 873622

ORDER ENTITY

ST. LUCIE INSURANCE & PLANNING, INC.

PLEASE PERFORM THE FOLLOWING SERVICES:

ST. LUCIE INSURANCE & PLANNING, INC. (FL)

New LLC filing Corp

OK per Melissa

NOTES:

\$125.00 Authorized \$70.00

Email address for annual report reminders: jay.zhang@usa-corporate.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

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: ST. LUCIE INSURANCE & PLANNING, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3361 SE INLET HARBOR TRAIL

STUART, FL 34996-5137

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY LAWFUL ACT OR ACTIVITY

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: VINCENT ZANFINI, President

Name and Title: _____

Address 3361 SE INLET HARBOR TRAIL

Address: _____

STUART, FL 34996-5137

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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TALLAHASSEE, FL

FILED

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: VINCENT ZANFINI
Address: 3361 SE INLET HARBOR TRAIL
STUART, FL 34996-5137

ARTICLE VII INCORPORATOR

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

Name: VINCENT ZANFINI
Address: 3361 SE INLET HARBOR TRAIL
STUART, FL 34996-5137

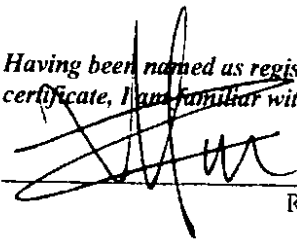
ARTICLE VIII EFFECTIVE DATE:

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.

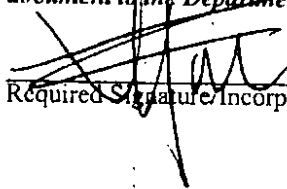
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

12/2/2020
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

12/2/2020
Date

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