

**Electronic Articles of Incorporation  
For**

P21000022231  
FILED  
March 03, 2021  
Sec. Of State  
Iskervin

ALL INSURANCE SOLUTIONS, INC

The undersigned incorporator, for the purpose of forming a Florida profit corporation, hereby adopts the following Articles of Incorporation:

**Article I**

The name of the corporation is:

ALL INSURANCE SOLUTIONS, INC

**Article II**

The principal place of business address:

7751 LEIGHTON CIRCLE  
NEW PORT RICHEY, FL. 34654

The mailing address of the corporation is:

7751 LEIGHTON CIRCLE  
NEW PORT RICHEY, FL. 34654

**Article III**

The purpose for which this corporation is organized is:

INSURANCE SALES: HEALTH, LIFE AND SUPPLEMENTAL INSURANCE TO  
INCLUDE MEDICARE AND MEDICARE SUPPLEMENTAL INSURANCE.

**Article IV**

The number of shares the corporation is authorized to issue is:

1000

**Article V**

The name and Florida street address of the registered agent is:

TAMMY J CRAVOTTA  
7751 LEIGHTON CIRCLE  
NEW PORT RICHEY, FL. 34654

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature: TAMMY CRAVOTTA

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## **Article VI**

The name and address of the incorporator is:

TAMMY CRAVOTTA  
7751 LEIGHTON CIRCLE

NEW PORT RICHEY, FL 34654

Electronic Signature of Incorporator: TAMMY CRAVOTTA

I am the incorporator submitting these Articles of Incorporation and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of this corporation and every year thereafter to maintain "active" status.

## **Article VII**

The initial officer(s) and/or director(s) of the corporation is/are:

Title: P  
TAMMY CRAVOTTA  
7751 LEIGHTON CIRCLE  
NEW PORT RICHEY, FL. 34654

## **Article VIII**

The effective date for this corporation shall be:

04/01/2021