

P22000053574

(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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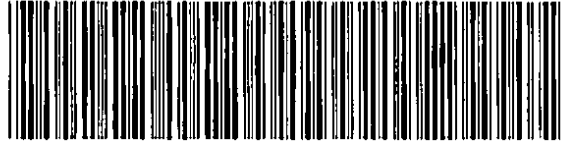
(Business Entity Name)

(Document Number)

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OFFICE OF REGISTRATIONS
TALLAHASSEE, FLORIDA

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OFFICE OF STATE
TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Advocate Insurance Advisors, Inc.

Art of Inc. File _____
LTD Partnership File _____
Foreign Corp. File _____
L.C. File _____
Fictitious Name File _____
Trade/Service Mark _____
Merger File _____
Art. of Amend. File _____
RA Resignation _____
Dissolution / Withdrawal _____
Annual Report / Reinstatement _____
Cert. Copy _____
Photo Copy _____
Certificate of Good Standing _____
Certificate of Status _____
Certificate of Fictitious Name _____
Corp Record Search _____
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Requested by: SETH

07/05/22

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COVER LETTER

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

SUBJECT: ADVOCATE INSURANCE ADVISORS, 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: PAUL A. KRASKER, ESQ.

Name (Printed or typed)

1615 FORUM PLACE, 5TH FLOOR

Address

WEST PALM BEACH, FL 33401

City, State & Zip

561-515-4722

Daytime Telephone number

AMURPHY@KRASKERLAW.COM

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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JUL 5 2022
TALLAHASSEE, FLORIDA

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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: ADVOCATE INSURANCE ADVISORS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1528 N DIXIE HWY, SUITE 1
LAKE WORTH, FL 33460

1528 N DIXIE HWY, SUITE 1
LAKE WORTH, FL 33460

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ENGAGING IN ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: KYLIE R. GRAHAM - PRESIDENT Name and Title: CHRISTOPHER GRAHAM - V.P.

Address: 9125 WINDING WOODS DR Address: 9125 WINDING WOODS DR
LAKE WORTH, FL 33467 LAKE WORTH, FL 33467

Name and Title: KYLIE R. GRAHAM - DIRECTOR Name and Title: _____

Address: 9125 WINDING WOODS DR Address: _____
LAKE WORTH, FL 33467 _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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: THE LAW OFFICE OF PAUL A. KRASKER, P.A.
Address: 1615 FORUM PLACE, 5TH FLOOR
WEST PALM BEACH, FL 33401

ARTICLE VII INCORPORATOR

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

Name: PAUL A. KRASKER, ESQ.
Address: 1615 FORUM PLACE, 5TH FLOOR
WEST PALM BEACH, FL 33401

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DEPT OF STATE
TALLAHASSEE, FLORIDA

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

R _____ 07/04/2022
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.

R _____ 07/04/2022
Required Signature/Incorporator Date