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Florida Profit/Non Profit State
Division of Corporations
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To:

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

From:

Account Name : GERALD WEINBERG, P.C.
Account Number : I20030000043
Phone : (800)342-9856
Fax Number : (800)354-3381

****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 L&S INSURANCE SERVICES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

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: L&S INSURANCE SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

96022 BRADY POINT ROAD

96022 BRADY POINT ROAD

FERNANDINA BEACH, FL 32034

FERNANDINA BEACH, FL 32034

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LOUIS SANTELLI, P

Name and Title: _____

Address 96022 BRADY POINT ROAD

Address: _____

FERNANDINA BEACH, FL 32034

Name and Title: _____

Name and Title: _____

Address _____

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: LOUIS SANTELLIAddress: 96022 BRADY POINT ROADFERNANDINA BEACH, FL 32034**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: LAWRENCE A. KIRSCHAddress: 41 STATE STREET, SUITE 700ALBANY, NEW YORK 12207**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*B/Louis Santelli
Required Signature/Registered Agent11/03/2022

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.*Lawrence A. Kirsch
Required Signature/Incorporator11/03/2022

Date

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