

P23000038737

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

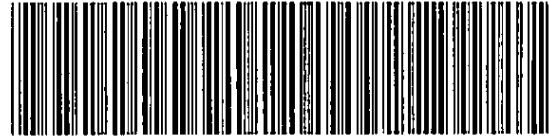
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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S. CHATHAM
MAY 17 2023

FILED
2023 MAY 16 PM 2:13
SCT. CLERK OF CIR.
TALLAHASSEE, FLORIDA

RECEIVED
2023 MAY 16 PM 3:18
TALLAHASSEE, FLORIDA

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312
(850) 656-4724

DATE 05/16/2023

****WALK IN****

ENTITY NAME Stark Insurance Services, Inc.

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

_____ *Plain Copy*

_____ *Certified Copy*

_____ *Certificate of Status*

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

_____ *Certified Copy of Arts & Amendments*

_____ *Certificate of Good Standing*

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$70

ACCOUNT #: I20160000072

S. R. Smith

Please call Tina at the above number for any issues or concerns. Thank you so much!

COVER LETTER

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

SUBJECT: Stark Insurance Services, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

<input checked="" type="checkbox"/> \$70.00	<input type="checkbox"/> \$78.75
Filing Fee	Filing Fee & Certificate of Status

<input type="checkbox"/> \$78.75	<input type="checkbox"/> \$87.50
Filing Fee	Filing Fee,
& Certified Copy	Certified Copy
	& Certificate of
	Status

ADDITIONAL COPY REQUIRED

FROM: Diana G. Stark
Name (Printed or typed)

6990 SW 9th Street
Address

Okeechobee, FL 34974

(863) 634-7594
Daytime Telephone number

F-mail address: (to be used for future annual report notification)

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

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: Stark Insurance Services, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6990 SW 9th Street
Okeechobee, FL 34974

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful purpose.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Diana G. Stark, President

Name and Title: _____

Address 6990 SW 9th Street

Address: _____

Okeechobee, FL 34974

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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CLERK OF DISTRICT COURT
JACKSONVILLE

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: Diana G. Stark

Address: 6990 SW 9th Street

Okeechobee, FL 34974

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Diana G. Stark

Address: 6990 SW 9th Street

Okeechobee, FL 34974

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2023 MAY 16 PM 2:13
STATE

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:

Diana G. Stark

Required Signature/Registered Agent

5/16/2023

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.

Diana G. Stark

Required Signature/Incorporator

5/16/2023

Date