

P240000640 S8

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

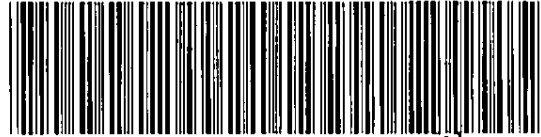
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500438064185

FILED

RECORDED

2024 OCT 15 PM 4:19

SECURITY
TALLAHASSEE
FLORIDA

21.62



October 15, 2024

Via Hand-Delivery

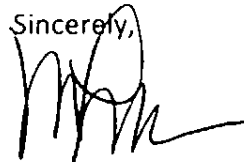
New Filing Section
Florida Department of State
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**Re: Mangrove Property Insurance Company
Application for Articles of Incorporation**

Dear sir or madam,

Enclosed, please find a signed application for Articles of Incorporation on behalf of Mangrove Property Insurance Company, as well as a check in the amount of \$70.00.

Should you have any questions or require anything additional, please do not hesitate to contact our office. Thank you in advance for your time and consideration.

Sincerely,


Meredith A. Lanford, RP, FRP
Paralegal to the Firm
meredith@meenanlawfirm.com

/mal
Enclosures



COVER LETTER

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

SUBJECT: Mangrove Property Insurance Company

(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: Kelsey Carlton c/o Meenan, P.A.

Name (Printed or typed)

P.O. Box 11247

Address

Tallahassee FL 32302

City, State & Zip

(850) 425-4000

Daytime Telephone number

meredith@meenanlawfirm.com

E-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: Mangrove Property Insurance Company

ARTICLE II PRINCIPAL OFFICE

Principal street address
1309 Thomasville Road, Suite 300
Tallahassee, FL 32302

Mailing address, if different is:
1309 Thomasville Road, Suite 300
Tallahassee, FL 32302

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any lawful purpose

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Stephen Weinstein, CEO
20 Cherry Lane
Address: Fairfield, CT 06824

Name and Title: Robert Ricker, Pres/COO/Secretary
1309 Thomasville Road, Suite 300
Address: Tallahassee, FL 32308

Name and Title: Anne Carmignani, Director
20 Cherry Lane
Address: Fairfield, CT 06824

Name and Title: Bartholomew Zanelli, Director
16 Featherbed Lane
Address: New Vernon, NJ 07979

Name and Title: Andrew Endicott, Director
120 E. 7th Street
Address: New York, NY 10009

Name and Title: _____
Address: _____

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: Registered Agents Inc
Address: 7901 4th St N STE 300
St. Petersburg FL 33702

ARTICLE VII INCORPORATOR

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

Name: Robert Ricker President/Sec
Address: 1309 Thomasville Rd. Suite 300
Tallahassee FL 32308

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: upon 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

David Roberts

10/07/2024

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.

Robert Ricker

10/7/2024

Required Signature/Incorporator

Date