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SECRETARY OF STATE
TALLAHASSEE, FL

(Requestor's Name)

(Address)

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(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

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-54372
(850) 524-6243

Please use funds from the account I20210000160: \$70.00

Authorization Signature: *[Signature]*

Builders Insurance Group Inc.

Business name

Document #

☐ Walk in

☐ Will wait

☐ Certified Copies of the Articles of Organization

☐ Certificate of Status

NEW FILINGS

☐ Profit

☐ Not for Profit

☐ LLC

☐ Domestication

☒ INC

☒ CORP

☐ OTHER

AMENDMENTS

☐ Amendment

☐ Resignation of R.A. Officer/Director

☐ Change of Registered Agent

☐ Dissolution/Withdrawal

☐ Conversion

☐ Statement of FACT

☐ Merger

OTHER FILINGS

☐ Annual Report

☐ Fictitious Name

☐ Statement of Authority

☐ APOSTIL _____
COUNTRY

REGISTRATION/QUALIFICATIONS

☐ Foreign Filing

☐ Partnership

☐ Reinstatement

☐ CORRECTION for a Foreign LLC

☐ Domestication of a Foreign Corp.

_____ Other

EXAMINER'S INITIALS: _____

2024 OCT 17 11:34:47
F-1567

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-54372
(850) 524-6243

Please use funds from the account I20210000160: \$70.00

Authorization Signature: *Janet Lee*

Builders Insurance Group Inc.

Business name

Document #

 Walk in

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EXAMINER'S INITIALS:

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COVER LETTER

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

SUBJECT: BUILDERS INSURANCE GROUP 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: DAVID A SNYDER

Name (Printed or typed)

4067 NW 35TH WAY

Address

LAUDERDALE LAKES FL 33309

City, State & Zip

754-245-2958

Daytime Telephone number

buildersinsurancegrp@outlook.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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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: BUILDERS INSURANCE GROUP INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4067 NW 35TH WAY LAUDERDALE LAKES FL 33309

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

THE CORPORATION IS ORGANIZED FOR ANY AND ALL

LAWFUL BUSINESS UNDER THE LAWS OF THE STATE

OF FLORIDA

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ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DAVID A SNYDER CEO

Name and Title: _____

Address 4067 NW 35TH WAY

Address: _____

LAUDERDALE LAKES FL 33309

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

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: DAVID A SNYDER

Address: 4067 NW 35TH WAY

LAUDERDALE LAKES FL 33309

ARTICLE VII INCORPORATOR

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

Name: DAVID A SNYDER

Address: 4067 NW 35TH WAY

LAUDERDALE LAKES FL 33309

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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

David A Snyder

Required Signature/Registered Agent

10/17/2024

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.

David A Snyder

Required Signature/Incorporator

10/17/2024

Date