

P970000 13200
TRANSMITTAL LETTER

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

500002082615--7
-02/10/97-01068-002
*****78.75 *****78.75

SUBJECT: INSURANCE PLANNING SYSTEMS, INC.
(Proposed corporate name - must include suffix)

FILED
97 FEB 10 AM 7:52
TALLAHASSEE, FLORIDA

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

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: ANTHONY G. ARANGO
Name (Printed or typed)

4402 BEACH PARK DR.
Address

TAMPA FL. 33609
City, State & Zip

813-289-2815
Daytime Telephone number

FEB 11 1997

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

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

INSURANCE PLANNING SYSTEMS INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

4402 BEACH PARK DR.
TAMPA FL. 33609

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ANTHONY G. ARANGO
4402 BEACH PARK DRIVE
TAMPA FL. 33609

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ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

ANTHONY G. ARANJO, President
4402 Bench Park Dr.
Tampa FL. 33609

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

6th day of February, 19 97.

(An additional article must be added if an effective date is requested.)



Signature

Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is INSURANCE PLANNING SYSTEMS, INC.

2. The name and address of the registered agent and office is:

ANTHONY G. ARANGO
(NAME)

4402 BEACH PARK DRIVE
(P. O. Box or Mail Drop Box **NOT** ACCEPTABLE)

TAMPA FLA. 33609
(CITY/STATE/ZIP)

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Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(SIGNATURE)

2-6-97
(DATE)

END ROLL

#1-2822

P-Charter

Type
