## POOCOCOS/O63

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

Tallahassee, FL 32	314		
SUBJECT:		LYANCE AG TE NAME – <u>MUST INCL</u> I	TENCY INC.
Enclosed is an origin	nal and one(1) copy of the article		00003257854 -05/18/0001107001 *****78.75 *****78.75 check for :
□ \$70.00 Filing Fee	☑ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM:	Name (Pri 120 W. State Winter Sc	Parvoy inted or typed)  E Co. 43  On no. 70  tate & Zip	SEGNETAN OF STAND TALLAHASSEE, FLORED TALLAHASSEE, FLORED TALLAHASSEE, FLORED TALLAHASSEE, FLORED TALLAHASSEE, FLORED TALLAHASSEE, FLORED
Molia On Panolal AUTHORIZATION BY PHI CORRECT COMPLETE GE DIATE 5-24-00 DIGG EXAM CG	- 407- 034 - Daytime Tel	TDOO ephone number 5220	407-327-6264

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

5-74.00 V

## 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:

Parrott Insurance Agency, Inc.

ARTICLE II PRINCIPAL OFFICE
The principal place of business/mailing address is:

120 W. State Rd. 434 Winter Springs, Fla. 32708

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Sale of Insurance

FILED

ON WAY 18 PM 12: 59

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

## ARTICLE IV SHARES

The number of shares of stock is:

One

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)
The name(s) and address(op):

The name(s) and address(es):

Gbria ann Parrott 120 W. State Rd. 434 Wintersprings, Ha. 32708

ARTICLE VI REGISTERED AGENT

The name and Florida street address registered agent is:

Glaria ann Parrott 120 Wishata Rd. 434 Winter Springs, Fla. 32708

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Chia con Parrot 120 W. Stock Pd. 434 Whater Springs, Dla 3220

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

Signature/Registered Agent

Date

Signature/Incorporator

6-16-200d