

PA4000024832

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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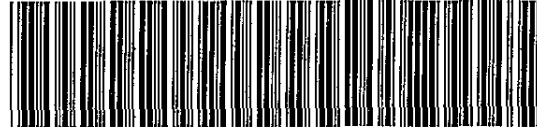
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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2-7-04

TRANSMITTAL LETTER

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

SUBJECT: LAKEPORT INSURANCE AGENCY, 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: LEON J. CLARK

Name (Printed or typed)

P.O. BOX 1497

Address

MOORE HAVEN, FL 33471-1497

City, State & Zip

883-946-1441

Daytime Telephone number

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:

LAKEPORT INSURANCE AGENCY, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

630 C.R. 721 LOOP
MOORE HAVEN, FL 33471

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

INDEPENDENT INSURANCE AGENCY SALES

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

LEON J. CLARK - PRESIDENT, VICE-PRESIDENT, SECRETARY, TREASURER

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

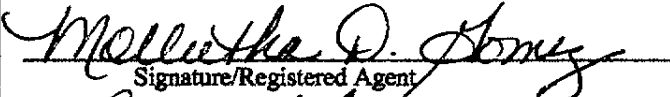
MOLLEETHA D. GOMEZ
15230 C.R. 48
ASTATULA, FL 34705-9558

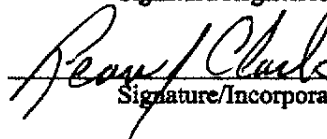
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

LEON J. CLARK
P.O. BOX 1497
MOORE HAVEN, FL 33471-1497
PHYSICAL ADDRESS : 335 C.R. 721 LOOP
MOORE HAVEN, FL 33471

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


Signature/Incorporator

01-26-2004

Date

01-26-2004

Date

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