

P96000071071

TRANSMITTAL LETTER

95 AUG 23 11:10:17

SECRET
TALLAHASSEE, FLORIDA

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

ENCLOSURE
-08/23/95--01057--000
*****78.75 *****70.75

SUBJECT: Capital Partners Insurance and Financial Services, Inc.
(Proposed corporate name - must include suffix)

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: Timothy A. Thomas
Name (printed or typed)

495 S. Nova Road, Suite 102 B
Address

Ormond Beach, FL 32174
City, State & Zip

(904) 672-2827
Daytime Telephone number

OK 7/56
8/1

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

ARTICLES OF INCORPORATION

FILED

96 AUG 23 AM 10:17

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:

Capital Partners Insurance and Financial Services, Inc.

ARTICLE II PRINCIPAL OFFICE

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

495 S. Nova Road, Suite 102 B
Ormond Beach, FL 32174

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:

Timothy A. Thomas
495 S. Nova Road, Suite 102 B
Ormond Beach, FL 32174

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):


Timothy A. Thomas
495 S. Nova Road, Suite 102 B
Ormond Beach, FL 32174

Mark A. Baker
495 S. Nova Road, Suite 102 B
Ormond Beach, FL 32174

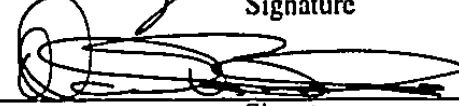
The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

19th day of August, 19 96.

(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**

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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: Capital Partners Insurance and Financial Services,
Inc.

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

Timothy A. Thomas

(NAME)

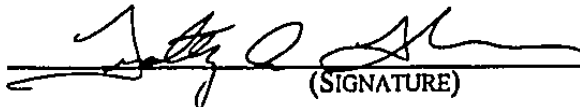
495 S. Nova Road, Suite 102 B

(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Ormond Beach, FL 32174

(CITY/STATE/ZIP)

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)

8-19-96
(DATE)