

TRANSMITTAL LETTER
PO1066030074

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

SUBJECT:

ATLANTIC INSURANCE COMPANY
~~PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX~~

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

01 MAY 21 AM 9:16

FILED

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 of Status

☐ \$78.75
 Filing Fee
 & Certified Copy

☒ \$87.50
 Filing Fee,
 Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM:

JEWELL BONHAM

Name (Printed or typed)

4826 PALM BEACH BLVD

Address

FORT MYERS, FLORIDA 33905

City, State & Zip

941. 694. 8550 / 693-9888

Daytime Telephone number

300004132699--3
 -05/03/01--01016--012
 *****87.50 *****87.50

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

SMITH MAY 21 2001

101-10289
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FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

May 7, 2001

JEWELL BONHAM
4826 PALM BEACH BLVD
FT MYERS, FL 33905

SUBJECT: ATLANTIC INSURANCE
Ref. Number: W01000010289

Agency Inc.

We have received your document for ATLANTIC INSURANCE COMPANY and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6927.

Tracy Smith
Document Specialist
New Filing Section

Letter Number: 301A00027035

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:

Agency, Inc.

ATLANTIC INSURANCE

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4826 Palm Beach Boulevard
Fort Myers, Florida 33905

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To engage in any lawful activities or business permitted under the Laws of the United States, the State of Florida, or any other State, County, Territory, or Nation.

ARTICLE IV SHARES

The number of shares of stock is:

ONE THOUSAND (1,000)

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

JEWELL BONHAM P S T D
4826 PALM BEACH BOULEVARD
FORT MYERS, FLORIDA 33905

ARTICLE VI REGISTERED

The name and address of the registered agent is:

JEWELL BONHAM
4826 PALM BEACH BOULEVARD
FORT MYERS, FLORIDA 33905

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JEWELL BONHAM
4826 PALM BEACH BOULEVARD
FORT MYERS, FLORIDA 33905

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.

Jewell Bonham
Signature/Registered Agent

Date 4/30/01

Print Name Jewell Bonham

Jewell Bonham
Signature/Incorporator

Date 4/30/01

Print Name Jewell Bonham

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01 MAY 21 AM 9:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA