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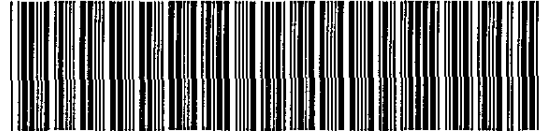
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

5115-103

# CAPITAL CONNECTION, INC.

Virginia Street, Suite 1 • Tallahassee, Florida 32301  
24-8870 • 1-800-342-8062 • Fax (850) 222-1222

Joe Tomecko Insurance, Inc.

- ☒ Art of Inc. File\_\_\_\_\_
- \_\_\_\_\_ LTD Partnership File\_\_\_\_\_
- \_\_\_\_\_ Foreign Corp. File\_\_\_\_\_
- \_\_\_\_\_ L.C. File\_\_\_\_\_
- \_\_\_\_\_ Fictitious Name File\_\_\_\_\_
- \_\_\_\_\_ Trade/Service Mark\_\_\_\_\_
- \_\_\_\_\_ Merger File\_\_\_\_\_
- \_\_\_\_\_ Art. of Amend. File\_\_\_\_\_
- \_\_\_\_\_ RA Resignation\_\_\_\_\_
- \_\_\_\_\_ Dissolution / Withdrawal\_\_\_\_\_
- \_\_\_\_\_ Annual Report / Reinstatement\_\_\_\_\_
- ☒ Cert. Copy\_\_\_\_\_
- \_\_\_\_\_ Photo Copy\_\_\_\_\_
- \_\_\_\_\_ Certificate of Good Standing\_\_\_\_\_
- \_\_\_\_\_ Certificate of Status\_\_\_\_\_
- \_\_\_\_\_ Certificate of Fictitious Name\_\_\_\_\_
- \_\_\_\_\_ Corp Record Search\_\_\_\_\_
- \_\_\_\_\_ Officer Search\_\_\_\_\_
- \_\_\_\_\_ Fictitious Search\_\_\_\_\_
- \_\_\_\_\_ Fictitious Owner Search\_\_\_\_\_
- \_\_\_\_\_ Vehicle Search\_\_\_\_\_
- \_\_\_\_\_ Driving Record\_\_\_\_\_
- \_\_\_\_\_ UCC 1 or 3 File\_\_\_\_\_
- \_\_\_\_\_ UCC 11 Search\_\_\_\_\_
- \_\_\_\_\_ UCC 11 Retrieval\_\_\_\_\_
- \_\_\_\_\_ Courier\_\_\_\_\_

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State

December 16, 2002

CAPITAL CONNECTION, INC.

SUBJECT: JOE TOMECKO INSURANCE, INC.  
Ref. Number: W02000035115

We have received your document for JOE TOMECKO INSURANCE, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

An effective date may be added to the Articles of Incorporation if a 2003 date is needed, otherwise the date of receipt will be the file date. A separate article must be added to the Articles of Incorporation for the effective date.

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) 245-6927.

Tracy Smith  
Document Specialist  
New Filing Section

Letter Number: 602A00066220

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLES OF INCORPORATION**

**OF**

**JOE TOMECKO INSURANCE, INC.**

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THE UNDERSIGNED HEREBY MAKE, SUBSCRIBE, ACKNOWLEDGE AND FILE THIS CERTIFICATE FOR THE PURPOSE OF BECOMING A CORPORATION UNDER THE LAWS OF THE STATE OF FLORIDA.

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**ARTICLE I: NAME**

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The name of this corporation is **JOE TOMECKO INSURANCE, INC.**

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**ARTICLE II: PURPOSE**

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This corporation may engage in any activity or business permitted under the laws of the United States and of the State of Florida.

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**ARTICLE III: CAPITAL STOCK**

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The maximum number of shares of stock that this corporation is authorized to have outstanding at any time is 1000 Shares of Common Stock of One Dollar and NO/100 (\$1.00) Dollar per share par value.

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**ARTICLE IV: DURATION**

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This corporation is to exist perpetually.

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**ARTICLE V: PRINCIPAL OFFICE AND REGISTERED AGENT**

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The principal office of the corporation shall be located at 1605 Shady Leaf Drive, Valrico, Florida 33594.

The name and street address of the initial registered agent of the corporation in the State of Florida is:

**Jeffrey M. Lasman, Esquire  
Owens Law Group, P.A.  
811-B Cypress Village Boulevard  
Ruskin, Florida 33573**

The Board of Directors may, from time to time, appoint a substitute registered agent and move the registered office or the principal office, or both, to any other address in the State of Florida.

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**ARTICLE VI: INITIAL BOARD OF DIRECTORS**

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This corporation shall have one (1) or more director(s) as provided by the By-Laws. Initially, this corporation shall have one (1) Director, the name of which is as follows:

**NAME****ADDRESS**

**JOSEPH L. TOMECKO**

1605 Shady Leaf Drive  
Valrico, Florida 33594

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## ARTICLE VII: OFFICERS

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The name and address of the officers of this corporation is as follows:

<u>NAME AND OFFICE</u>	<u>ADDRESS</u>
JOSEPH L. TOMECKO	1605 Shady Leaf Drive
President	Valrico, Florida 33594
Vice President	
Secretary	
Treasurer	

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## ARTICLE VIII: COMMENCEMENT OF CORPORATE EXISTENCE

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The existence of this corporation shall commence upon filing with the Secretary of State's office.

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## ARTICLE IX: INDEMNIFICATION

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The corporation shall indemnify all directors and officers, whether or not then in office, who are or become a party, or are threatened to be made a party, to any threatened, pending or completed action, suit or proceedings, whether civil, criminal, administrative or investigative by reason of the fact that such person is or was a director or officer, or is or was serving at the request of the corporation as an officer or director against expenses (including attorneys' fees, including hourly charges for paralegals and other staff members operating under the supervision of an attorney, whether at trial or appeal), judgments, fines and amounts paid in settlement actually and reasonably incurred by such person in connection with such action, suit or proceeding, including any appeal thereof; provided, however, that there shall be no indemnification against gross negligence or willful misconduct.

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**ARTICLE X: BY-LAWS**

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The initial By-Laws shall be adopted by the Board of Directors. The power to alter, amend or repeal the By-Laws or adopt new By-Laws is vested in the Board of Directors, subject to repeal or change by action of the shareholders.

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**ARTICLE XI: AMENDMENT**

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The right to amend or repeal any provisions contained in these Articles of Incorporation, or any amendment hereto, is reserved to the Board of Directors and the Shareholders as specified under the laws of Florida.

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**ARTICLE XII: INCORPORATOR**

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The name and address of the Incorporator of this corporation is:

**NAME****JOSEPH L. TOMECKO****ADDRESS****1605 Shady Leaf Drive  
Valrico, Florida 33594**

IN WITNESS WHEREOF, these Articles of Incorporation have been signed, as  
Incorporator, by: **JOSEPH L. TOMECKO**.

Dated this 10<sup>th</sup> day of December, 2002.



JOSEPH L. TOMECKO

STATE OF FLORIDA  
COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this 10<sup>th</sup> day of December,  
2002, by **JOSEPH L. TOMECKO**, who is personally known to me.

\_\_\_\_\_  
Jeffrey M. Lasman, Notary Public

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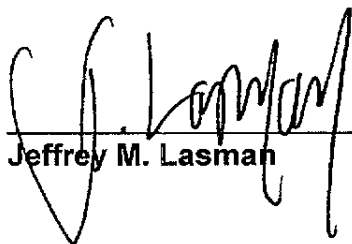
**CERTIFICATE OF DESIGNATION REGISTERED  
AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, 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: **JOE TOMECKO INSURANCE, INC.**, a Florida corporation.
2. The name and address of the registered agent and office is:

**Jeffrey M. Lasman, Esquire  
Owens Law Group, P.A.  
811-B Cypress Village Boulevard  
Ruskin, Florida 33573**

*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.*

  
\_\_\_\_\_  
Jeffrey M. Lasman

December 10, 2002  
(Date)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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