

P/2000092715

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

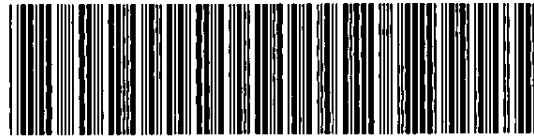
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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TALLAHASSEE, FLORIDA

K 11/07/12

FLORIDA FILING & SEARCH SERVICES, INC.

**P.O. BOX 10662 TALLAHASSEE, FL 32302
155 Office Plaza Dr Ste A Tallahassee FL 32301
PHONE: (800) 435-9371; FAX: (866) 860-8395**

DATE: 11/06/12

NAME: INDEPENDENCE HOLDINGS, INC.

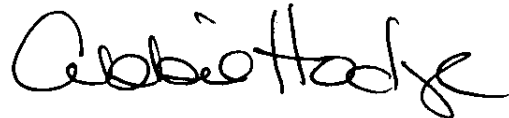
TYPE OF FILING: ARTICLES OF INCORPORATION

COST: 78.75

RETURN: GOOD STANDING CERTIFICATE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



COVER LETTER

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

SUBJECT: Independence Holdings, 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
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: Michael D. Ginsberg

Name (Printed or typed)

1115 Gunn Highway

Address

Odessa, FL 33556

City, State & Zip

813-490-3400

Daytime Telephone number

mdglaw@theispc.com

E-mail address: (to be used for future annual report notification)

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: Independence Holdings, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
1115 Gunn Highway
Odessa, FL 33556

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any lawful purpose

ARTICLE IV SHARES

The number of shares of stock is: 1,000,000 shares of common stock, no par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Robert J. Schabas, Chair</u>	Name and Title: _____
Address: <u>1115 Gunn Highway</u>	Address: _____
<u>Odessa, FL 33556</u>	_____

Name and Title: <u>Robert W. Schabas, Pres.</u>	Name and Title: _____
Address: <u>1115 Gunn Highway</u>	Address: _____
<u>Odessa, FL 33556</u>	_____

Name and Title: <u>Robert Bennett, VP</u>	Name and Title: _____
Address: <u>1423 Gunn Highway</u>	Address: _____
<u>Odessa, FL 33556</u>	_____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Michael D. Ginsberg
Address: 1115 Gunn Highway
Odessa, FL 33556

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: B M Woessner
Address: Steiner Fischer et al.
156 College Street, 3rd Fl, Burlington, VT 05401

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]
Required Signature/Registered Agent

11-5-2012
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

[Signature]
Required Signature/Incorporator

11-5-2012
Date

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MAIL ROOM
STATE OF FLORIDA