

✓ Original
✓ 1 Copy
✓ Check

TRANSMITTAL LETTER

P00000055989

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

SUBJECT: RUFUS C. DOWELL INSURANCE AGENCY INC.
(Proposed corporate name - must include suffix)

700003273837-2
-06/01/00-01070-001
*****78.75 *****78.75

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: RUFUS C. DOWELL
Name (Printed of typed)

4209 UNIVERSITY BLVD S.
Address

TALLAHASSEE, FLA. 32216
City, State & Zip

904-731-5300
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 JUN - 1 PM 4: 21

FILED

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

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ARTICLES OF INCORPORATION

1. The name of the corporation shall be: Rufus C. Dowell Insurance Agency, Inc.
2. The principal place of business and mailing address of the corporation is: 4209 University Blvd. S. Jacksonville, Fla. 32216
3. The corporation shall have the authority to issue 100 shares of stock.
4. The registered agent of the corporation is Rufus C. Dowell and the registered street address is 4209 University Blvd. S. Jacksonville, Florida 32216.
5. The initial Board of Directors shall have 1 member(s) whose name(s) and address(es) is/are as follows: Rufus C. Dowell
2309 River Rd. Jacksonville, Fla. 32207

The number of directors may be raised or lowered by amendment of the bylaws of the corporation but shall in no case be less than one.

6. The incorporator of this corporation is Rufus C. Dowell whose street address is 4209 University Blvd. S. Jacksonville, Fla. 32216

Dated 05/31/00


Incorporator

00 JUN - 1 PM 4:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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 am familiar with and accept the obligations of my position as registered agent.

Dated 05/31/00


Registered Agent