

P0000068029

TRANSMITTAL LETTER

FILED

00 JUL 17 PM 3: 09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SUBJECT: Charles H. Jones Insurance Agency, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

900003265199--5
-05/24/00--01056--019
*****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 of Status

\$78.75
Filing Fee
& Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM:

Charles H. Jones

Name (Printed or typed)

2141 Main Street, Suite G

Address

Dunedin, FL 33762

City, State & Zip

727-733-8181

Daytime Telephone number

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

W ~~PH 14134~~
~~PH 6/11/00~~
PH 7/17/00



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

June 2, 2000

CHARLES H. JONES
2141 MAIN ST, SUITE G
DUNEDIN, FL 33762

SUBJECT: CHARLES H. JONES INSURANCE AGENCY, INC.
Ref. Number: W00000014134

We have received your document for CHARLES H. JONES INSURANCE AGENCY, 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):

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

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) 487-6915.

Pamela Hall
Document Specialist

Letter Number: 800A00031311

*Corrected copies
attached.
Julie
July*

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:

Charles H. Jones, Insurance Agency

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

2141 Main Street, Suite G, Dunedin, FL 34698

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Sale of Insurance

ARTICLE IV SHARES

The number of shares of stock is:

100 Shares

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

| | | | | | |
|---------------------|------------------|----------------------|-------------|----|-------|
| President, | Charles H. Jones | 13977 Spoonbill Ln., | Clearwater, | FL | 33762 |
| Vice President | Michael C. Jones | " | " | " | " |
| Secretary/Treasurer | Linda B. Jones | " | " | " | 33762 |

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

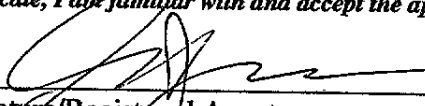
Charles H. Jones
13977 Spoonbill Ln, Clearwater, FL 33762

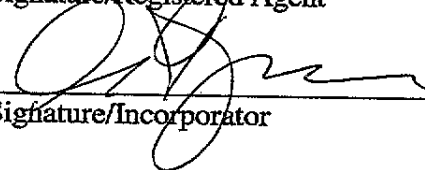
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Charles H. Jones
13977 Spoonbill Ln, Clearwater, FL 33762

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

 Charles H. Jones _____ 6/12/00
Signature/Registered Agent Date

 Charles H. Jones _____ 6/12/00
Signature/Incorporator Date